3:000	1 - JOR 1 - STATE PEGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 8	6 3	2
	1. DECEASED NAME	IRST MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR 7
4 45	FRAI	VK FREDER	RICK JARU	ISEK	MARCH 10,	1985	11:	15 m
	3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UND		DER 23 HRS
()	MALE	WHITE	May	9, 1929 YEAR	55	YRS	DATS FROM	rs min.
A DI	BIRTHPLACE (STATE OR FORE	Th CITIZEN OF WHA	T COLINTRY? B	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH	
Edd	Abingdon, Md.	IJSA	WIDOWI		Harfor	d County		MD.
The tree for	OCITY OR TOWN OF DEATH		ITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUS	INESSOR
Jed a	Abingdon	/ 2502 Dist	- 7 - 7 - 1 - 1 - 5	ad	Store Mana	ger J	Liquor	
filled in would be	11107 17		esidence before admission) CITY OR TOWN Binddon	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3503 Phila			1009_
orthu selection of the	FATHER'S NAME	WIDDIE	LAST	IS MOTHER'S MAIDEN NA	WE	L	LAST	
pa de la composición della com	Francis		usek	Helen	(nmn)	Pa	cholik	
P	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ES Abinador	n. Md.	21009
Pog	Yes	Korea 21	3-26-9394	Mrs.Kathryn	J.Smith, 35	03 Philad	delphia	Road
g physicid on popers emovol.	PART I DEATH WAS	Enter only one couse per line CAUSED BY MEDIATE CAUSE (a)	A	ordial	inspra	ten	APPROXIMATE II	AND DEATH
by the ottending lose remove corb al, cremotion, or r rother troumotic	Conditions, if ony, w gove rise to immed cause (a), stating	DUE TO, OR AS	A CONSEQUENCE OF		1			
0 9 4 5 9	DADT 2 OTHER CICALIE	ICANIT CONDITIONS CONTE	IBLITING TO DEATH BUT	NOT DELATED TO THE TERM	INIAI DISEASE OR CON	IDITION GIVEN IN	PARTIA	

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the saw the deceased alive an and that in (my (our) opinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL TTENDING STAFF DIRECTOR PHYSICIAN 902 Averill Road, Joppatowne, Md. 21085 Emory J. Linder, M.D. 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Bel Air

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

should be dista

MPORTANT

Burial 24 FUNERAL DIRECTOR

Howard K. McComas III. Abingdon.

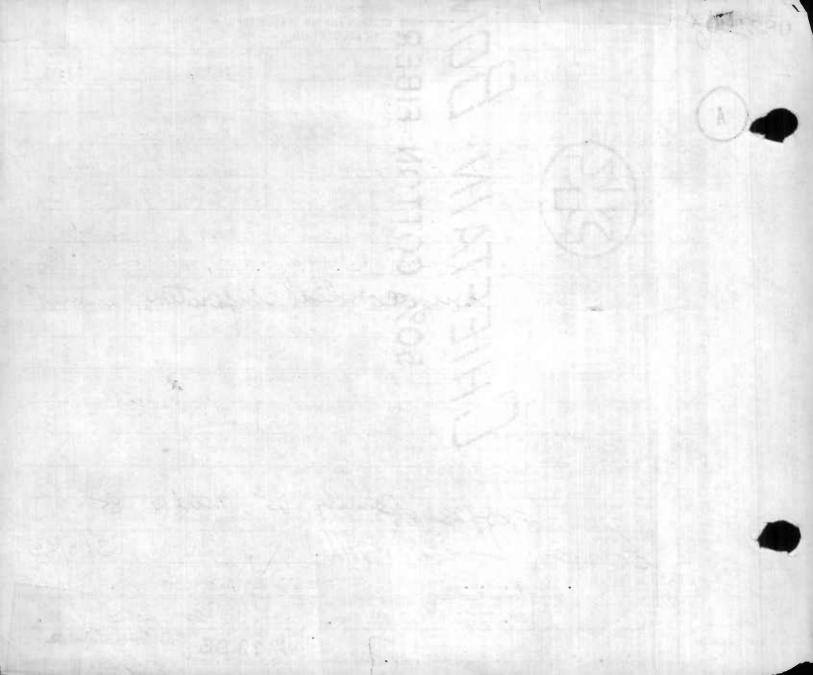
Mar. 13, 1985 Bel Air Mem. Gardens

21009

Harford

Md.

250 DATE REC'D BY REGISTRAR MAR 1 2 1985

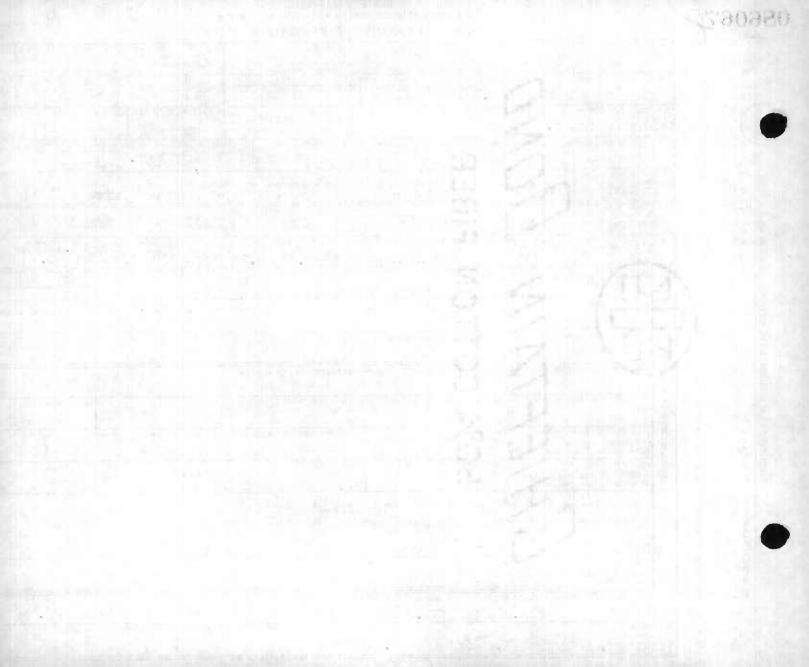


08	6025	11-	FOR STATE			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
	1)		REGISTRAR	FIRST	MEI	MIODIE	JEK.2	LEKTIFICATE		REG. NO.			To come of
-	·		E OR PRINT)	E FIRST		WIODE			OF	KNOWN K			SP HOUL
(n	\$ 35E	3. SE)		Fannie	R DATE OF BIRTH	6 AGE (IN Y		ohnson		MATED [3 19	3 0 3	1
B	55.	3. SE)			MONTH DAY	YEAR LAST BIRTHE	DAY) MONT		MIN PRONOU	NCED	MONTH D		2d HOU
-	95558 85558		emale	Black	Nov.27,		RS.		DEA		3 19		B:554
-	AN END		RTHPLACE (ST	TATE OR	76. CITIZEN OF WE		8. MARR	ED NEVER MARR	ED P BALTIA	MORE CITY OR	COUNTYO	FDEATH	
•	ABAS S	N	laryla:	n d	U.S.		WIDOW		110	arford	Coun		M
	THE PAGE	10 CI	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOM	E, OR OTH	IER INSTITUTION	12a. USUAL OCCU		OF WORK 12b.	OR INDUST	RY
	A SEE PA		Aberdee	n	415 Bal	Ltimore St	reet		Domes	tic	Pr	rivate	
5	05500	130 S	TATE	(IF IN NURSING HOME O		13c. CITY OR TOWN	ION)	13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS			
212	* * * * * * * * * * * * * * * * * * *		ryland	Harf	ord	Aberdeen		YES X NO	415 Bal	timore	Street	/2100	1
WD	TANS ST	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE		LAST	-
98	ANG WAY	Y_	Alexan		-30.19-5.19	Giles		Janie			T	Tildon	
JWG	N N N N N N N N N N N N N N N N N N N	16a. V (Y	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	IY NO.	17 INFORMANT		ADDRESS	1 = 4	21001	ST ST
3	A SA]	OV	N/	A	191-14-650)2	Morgan Ti	ldon,414	Dorsey	St., Al	berdee	n, MD
2	X 8 5 6		18 CAUSE O			for (o), (b), and (c).)					8	APPROXIMATE	
TON ST 24 HQU ITEM 1E LIONG I PERMIT 'GIENE, 'CGIENE,			OG/	1MMEDIA	TE CAUSE (o) Sm	oke and soc	t inh	nalation an	d carbon	monoxi	de 🗀		
STO NOV		/	870			AS A CONSEQUENCE	OF		intoxica	ition	(E) - 1		
W. PRESTON STANDS WITHIN 24 HO WITHIN 24 HO WITHIN 24 HO WITHIN STANDS FRANDS FRANDS FRANDS FRANDVAL.		gave ris	ns, if ony, which se to immediate	(b)						1000	AT LEAST		
*	DI W. PRE TED WITHING AL - TRANS AL - TRANS AC OR REAL		cause (a) lying cau	stoting the <u>under-</u> ise last.	DUE TO, OR	AS A CONSEQUENCE	OF						
. 20	SPAN SPAN SPAN SPAN SPAN SPAN SPAN SPAN			(c)									
DIVISION OF VITAL RECORDS, 201	"PENDING" IN PEI "PENDING" IN PEI EF MEDICAL EXAM EF AEDICAL EXAM EF AEDICAL "HEALTH AND MEN AL, CREMATION, O		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).			4	
2	ALT ALT	CERTIFICATION											
AL.	SHOULD ORD "PE CHIEF A TOF HE URIAL, C	2	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	0 AUTOPSY?	1	
Z ×	SE S	E	AL EVIEDNIA	AL CAUSE WAS	216 TIME OF	45.14.18.4	To:					YES 🗌	NO
0	CERTIFICATE SH ITING THE WOR DED TO THE CH E 3 SHOULD BE L DEPARTMENT O		UNDERLYING	OR	HOUR A.M	MONTH DAY YEA	R	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)		
Ö	SAR TO A SAR	MEDICAL	CONTRIBUTION	NG CAUSE OF		M 3/19 185 DE INJURY (ATHOME.		ise fire					
N V	CER DED T PR	N N	21d INJURY C	NOT WHILE C		ORY, FARM, ETC.)			CITY OR TO)WN	COUNTY		STATE
П	WAR WAR		AT WORK	AT WORK	xx home	9	41	BaltimoreS	St, Aberde	en, Hart	ord Co	unty,	1D.
	INER: THIS CERTIFICATE, WRITING TO TOR! PAGE 3 SHO THE STATE DEPAR AND 21201 PRIOR AND 21201 PRIOR		220 I certify that I taak charge of the remains described above, held on Autopsy . Inspection XX Inquiry . , and in my opinion										
	MIN	1	death resulted fram: Natural causes . Accident XX, Suicide ., Hamicide . Undetermined manner										
	A WILL WAR	K	ACTUAL	11/2	A Le Co	- 511 00		TITLE (SPECIFY)					
	- # HE HE HE	1	ACTUAL SIGNATURE_	W	ye in	regord	N	Assistant	MEDICAL EXA	MINER	DATE SIGNED	3/20/8	85
	MEDIC CUTE 1 SE 4 SI FUNER ER DEA		EXAMINER'S	NAME		W11 MD					MD 3	11201	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND 2		(TYPE OR PRI	NI) Mar		Korell,MD.		ADDRESS	PennStree	c,Baito	.,MD 2	.1201	
	1001111	1.5	PECIFY)	TION, REMOVAL		23c. NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
07/B4 25M	BP	Rei	noval/C	remation	Mar.21,19	985 Cratin	and l	Ferris	West Ch	ester,C	hester	Penna	a.
A. Off Th	DHMH - 17				Home P ADPRESS	Aberdeen, M	D 210	01-3399/AK	2 6 1985	AK ZSO REGIS	Widson-V	fundall.	
	(VR A15 ME (5))	1		. unclul I	10mc, 1 . 11 . ,	riber decil, il	2,220	01 0000	- 0 1000	1			

Million I was a second

Jahren Market Market Market the same there is not professed. in the second of

00000	X	FOR			DEBARTA			ARYLANI		ITA ITA	0.1	Q A	7	6
086067	1-	STATE		AAF					NTAL HÝĞI ATE OF D		0	0	0	•
0	1. DE	REGISTRAR CEASED NAME	FIRST	7716	MIDDLE	AAMIIA	LK 3 C	LAST	ATE OF D		REG. NO		DAY YI	EAR 7b. HOUR
Buchen	(14	PE OR PRINT)	Togo	nh D	icardo		т	amale i n		OF DEATH	ESTI- MATED	3		
3552	1.5E	х. 14	Jose:	5 DATE OF BIRTH		6. AGE IN YEA	RS IF UN	ampkin	F UNDER 24 H			MONTH		85 M
N 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M	ale	Black	Dec. 10	, 1951	33 YR		S DAYS	HOURS MIN	PRONOUN	NCED	3	23 19	85 p:32
A SECTION ASSESSMENT	16.0	RTHPLACE (SIZ	VIE OR	76 CITIZEN OF W			1	ED NEVE	R MARRIED	9 BALTIM	ORE CITY O	R COUNT		
STATE OF THE STATE	Ph	iladelph	ia,Pa.	USA			WIDOW	_	DIVORCED		rford	Count	-y	MD.
C EBRES	10 C	ITY OR TOWN C	OF DEATH	11 NAME OF HO			OR OTH	ER INSTITUTI	ON 12a	USUAL OCCUP			12b. KIND O	F BUSINESS
A02 # 8	M.	Fallsto	on			eneral		ital	Mai	nager.R	g Dept	tion		
20 E S S S S S S S S S S S S S S S S S S	USU 12s	AL RESIDENCE (I	IF IN NURSING HOME 136_COUN Har	OR OTHER INSTITUTION, C		OR TOWN		13d. INSIDE CITY	LIMITS2 113e.	STREET ADDRE	55			
第 4条指5数		The state of the s	Har	iora	Bel	Air		YES		00-H Fa	irwood	Driv	<i>7</i> e 2	21014
A PAK 3	9	Joseph Joseph	1	(mm)	Lampk	aşı Lin		Ida		Bell			eaker	
THE CONTRACT ON CO	160	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b SOC	IAL SECURITY	'NO.	17 INFORMA	ANT		ADDRESS BE	L Air,	, Md.	21014
BAU BES AF WITH WITH DIVISION SI		no - 217-54-9952 Mrs.Ida B.Lampkin, 133 Alic							lice					
25058	11	18 CAUSE OF	TH WAS CALISE	nly one couse per lin									BETWEEN	ONSET AND DEATH
PRESTION THIN 24 H CIL IN ITEM JER ALON ANSIT PER REMOVAL	12	181	8/2 OMMEDIATE CAUSE (o) Multiple injuries (DUE TO, OR AS A CONSEQUENCE OF											
FEST FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL FINAL F		Conditions, if ony, which										1.30		
W. W. W. W. TRA	17	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF												
201 IN P		lying caus	e last.	(c)										
TAL RECORDS, 201 W. PRESTI HOULD BE EXECUTED WITHIN ; RD "PENDING" IN PENCIL IN HIEF MEDICAL EXAMINER AL USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO	1	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
RECORDS LD BE EXEC PENDING' MEDICAL D AS A BU HEALTH AN] o			The same of the	1			345						-51 CD9
ALR DULD SED SED F HE IAL	CERTIFICATION	190 DATE OF	OPERATION	196 COND	ITION FOR V	VHICH OPER	W NOITA	AS PERFORM	ED?				20 AUTO	PSY?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD, ROBE TO THE CHIEF E 3 SHOULD BE USE TO PRIOR TO BURIAL	- E	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW INJURY OCCURRED. LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART									YES X	NO 🗆		
NO HEAT		UNDERLYING OR HOUR MA MONTH DAY YEAR									12}			
SHO SHOP	MEDICAL	71d INTURY OF	CCURRED		A. 3	23 19 85		CATION	in aut	o/auto	1mpact			
DIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD VIE, WRITING THE WORD "PE DRWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E. STATE DEPARTMENT OF HEA D. 21201 PRIOR TO BURIAL, C	M	WHILE AT WORK	NOT WHILE	X	TORY, FARM, ET	c)		TREET	Logue	CITY OR TO	WN	cou	-	STATE MD
RWAN STA				roa			Rt.	1	Locus	1				ord, MD.
	4	death resulted		ge of the remains de	Accident_	7.0	Autop:	Homicio	Inspection L	I, Inquiry		d in my opi	nion	
L EXAMINE E CERTIFICA DUID BE FC L DIRECTOI H, WITH THE		deam resoller	d Dain: Naio		Accident	HES 1, 301	cide []	TITLE (SPE		ndetermined mo	inner,			
A POUT A		ACTUAL SIGNATURE_	X	11	-	2007/12	м			MEDICAL EXAM	AINER	DATE	3/:	24/85
NER STATE	7	EXAMINER'S N	IAAAE -	00										
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNER TO FUNERAL DIRECTO AFTER DEATH, WITH THE		TYPE OR PRIN	T) GI	egory R.					111 Pe	nn ST.	Balto	o.,MD.	•	
AUSA 49	230.6	SPECIFY)	ION, REMOVAL			AME OF CEM				LOCATION CITY OF TOWN		COUNT	TY	STATE
07/84 BP	74 F	Burial UNERAL DIRECT		Mar. 28, 198	5 Mt	. Zion	Meth			ery, Jor		Harfo		Md.
DHMH - 17 (VR A15 ME (5))		NAME		s III, Ab	nadon	Md.	21009		DATE REC D	, or REGISTRA	K LOS KEOK	ornen a al		3 3 3 3
(AV M12 WE (2))	TIC	walu K.	ricconas	YIII MU	Ligaon	, rate			MAR 2	6 1985	17.5	11111	703	



	161	ocr FH. 4/8/8	5 km	STAT	E OF MARYLAND	6.5	0 0 4	72 7				
5099172		FOR	DE	PARTMENT OF F	EALTH AND MENTAL HY	SIENE -	0 0 0	3 /				
OSSICIA	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO						
	1. DEC	CEASED NAME FIRST	WIDDLE		AST		MONTH DAY YEAR	R 26. HOUR P				
÷ 3	(TYPE	OR PRINT)	n - Can	1	Wasania M		3 31 198	85 9:30 M.				
noy be	3. SE	an Jabir	14 RACE	S. DATE O	Karanian	6. AGE (IN YEARS LAST BIRT						
Ogr. p	3. SEA		1	MONT		110		AYS HOURS MIN.				
oge sur			w	1111	37	47 48	YRS.					
rol di 72 ho di		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH					
deoth.	Sh	1102- Iran	Iran	WIDOWI		Har ford	Calme	MD.				
the furth	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME	OR OTHER INSTITUTION	176. USUAL OCCUPATI		D OF BUSINESS OR				
- 0 - P /5//	B	el Air			Glenwood Rd.	51. 6.	- n	4.0.				
arviand 2120 i within 24 tours pletely filled in b nd 2 should be fill ominer must be n	ÜSU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			7),	and				
VD 2120	130. S	STATE 136 COU	1 7 4		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	26.20 A. 16	37				
NA STATE OF THE ST	Lillian .	THER'S NAME	TOTO	parker als.	15. MOTHER'S MAIDEN NA		CO-ESC K	91				
MARYL mpletel ond 2:		FIRST	MIDDLE		FIRST	MIDDLE	× >	LAST				
M o w o	40	2-180	48~	L SECURITY NO.	17. INFORMANT	ADDRE	ss 202 Glent	wood Rd.				
ONE CORE,	160. V	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)				- LOL 02011					
IMOR		U I	212-0	2-2476	Dr. Manooche	hr Ariaa,	Bel Air, M					
BALT icote licote opperations.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o),	(b), ond (c).)			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH				
T GEES		PART I. DEATH WAS CAUS	ED BY:	10 - Pa	clopuse ou	arrest						
		WWW.Co.	DUE TO, OR AS A CON	SEQUENICE OF	0							
deoth deoth offendiave columpt		Conditions, if any which	Conditions, if any, which (b) He (aslasir readvanced avarian									
the deal tremave remave remation.		gove rise to immediate	(6)		(3)	arcinomi	01					
W. of the series of the street of the series		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF		celet respe						
301 peed the	1 3	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	C TO DEATH BUT	NOT BELATED TO THE TERM	AINIAL DISEASE OR CON	DITION CIVEN IN DAR	T 1/->				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT KELATED TO THE TERM	MINAL DISEASE OR CON	DISION GIVEN IN PAR	11 ((0)				
0 - 0	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	TOTAL S DED SOPALED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED				
nos be nos permit	Ş.	190. DATE OF OPERATION	THE CONDITION FOR	VHICH OPERATIO	WASTERTORMED .		IN CERTIFYING CAU	JSES OF DEATH?				
₹ £ 2 1 ± 2 2 1	E	2/8/8.1	Inlesin	al op	Sirvelau	YES NO	YES 🗌	NO 🗌				
JE VIII. T JAN: T Jehysici Hificote Hificote Jetronsi ol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM 18, PART 1 OR PART	(2)				
SECIAN: ng physical p	3	(IF EITHER, NOTIFY MEDICAL EXAMINE		19								
NG PHYSICIAN: 1 offending physicians the certificote os the buriok-trons in and Mental Hygorked or frem 18 si	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE				
DIVIS NG F Nother 1 os the os the on the one	2	AT WORK NOT WHILE AT WORK		orr 102, 7 mm, 21 0.7								
		22a.1 certify that (I) (this has	oital) attended the deceased	from	, 19	, to	, 19	, that (I). (we) lost				
ATTEND ospital or cCTOR: A for use d for use m 21 is m	1	sow the deceased alive a	n ot) view the body ofter death.	_19, o	nd that in (my) (our) opinion	death accurred on the de	ote and hour and from	the couses stoted				
		22h SIGNATURE	or view tile body offer deorn.		DEGREE		22¢ D	ATE SIGNED				
0 5 0 0 7	1			>	ATTENDING!	MEDICAL STA	F 4-	-1-1905				
SPITAL d by the NERAL be defe	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	>	22e ADDRESS	DIRECTOR E PHISIC	IAIV					
		()	1 mala	as aub		aukins S	010000	22				
Show with		Hansoehe	11/4/1	7007			No.	-				
	23a. E	BURIAL, CREMATION, REMOVA		13c NAME OF C	EMETERY OR CREMATORY	rallston	Harford	Md STATE				
BP		Burial	April 3,85	urgiiv 16	- Additional and the second							
DHMH - 16 25M	1 -	UNERAL DIRECTOR	7707 7 . T . A991	ESS 7 7	27 08 DA	E REC'D. BY REGISTRAR	356. REGISTRAR'S SIG	NATURE				
(VR A 15 (4)) 9/74	E.	F. Lassahn, 11	750BelairRd. K	ingsville	e, Md. ZIO	03 1865 9	whia Davidson	Masteron				

The state of the second current and the state of the stat order to the state of the state The state of the s FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH 1. DECEASED NAME MIDDLE 2b. HOUR TYPE OR PRINTS GEORGE MICHAET LAVIN MARCH 29 1985 8:25P 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS YEAR WHITE MALE YRS TO BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HARFORD WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 126 KIND OF BUSINESS OR VA MEDICAL CENTER PERRY POINT MD TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY TRRY POIN SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN ALLEGA NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST AA IDDU LAST AA ID DA S LAVINSR. Mas WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNS (IF YES GIVE WAR OR DATES) 220 16 5651 ANNA MARY BLANK. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIO RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [71a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from OCTOBER saw the deceased alive an MARCH 29 10 85 to MARCH saw the deceased alive an MARCH and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN | 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS S. VA MEDICAL CENTER PERRY POINT DILIP KITTUR

DHMH - 16 50M 4/83 (VRA 15, 4)

20 4

236 DATE 230 BURIAL CREMATION, REMOVAL

HOME FROSTBURG

23c NAME OF CEMETERY OR CREMATORY

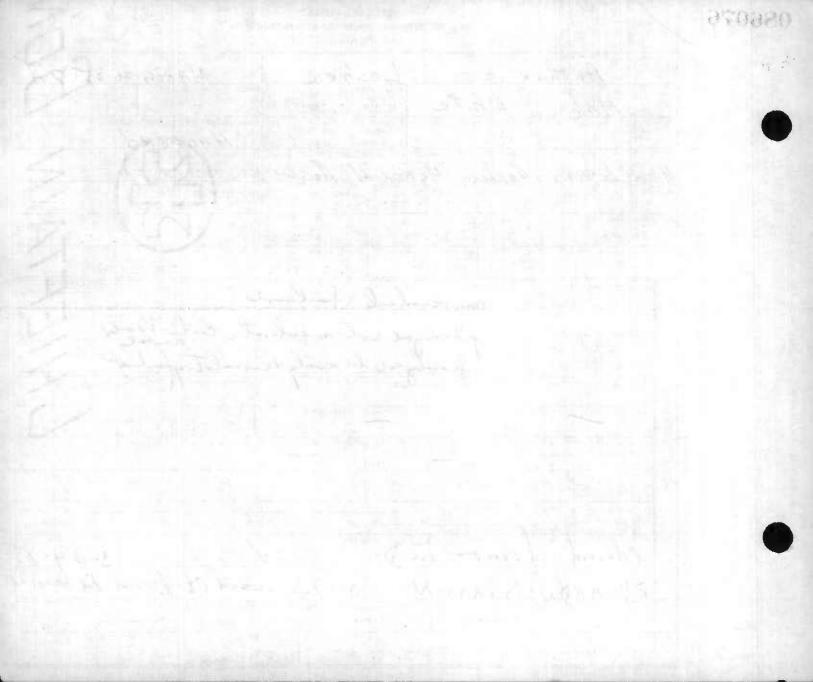
23d LOCATION CITY OF LOWIN

COUNTY

STATE

REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)



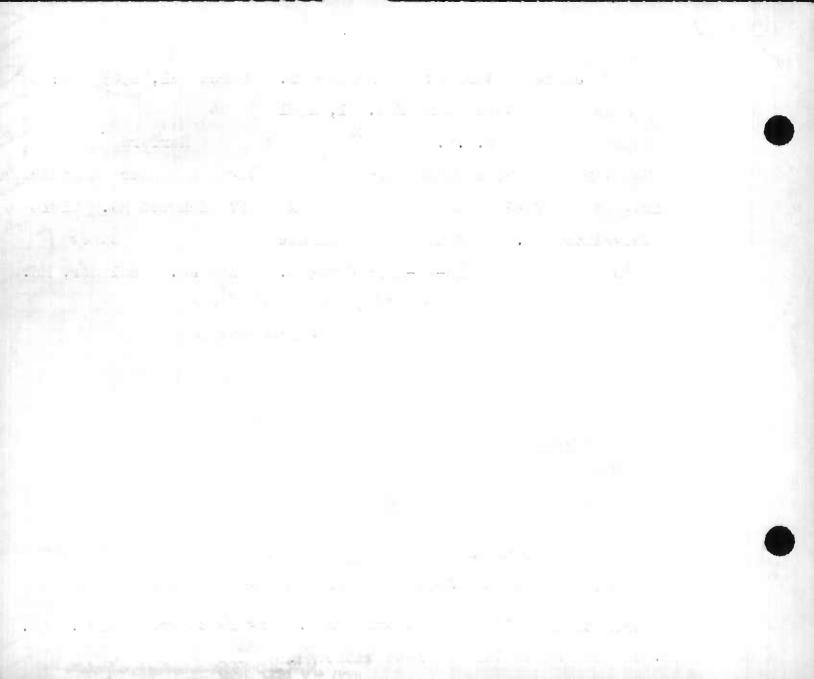
Jarrettsville M

R 26 1996 Gulie Verilin

Gladden Kurtz III

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

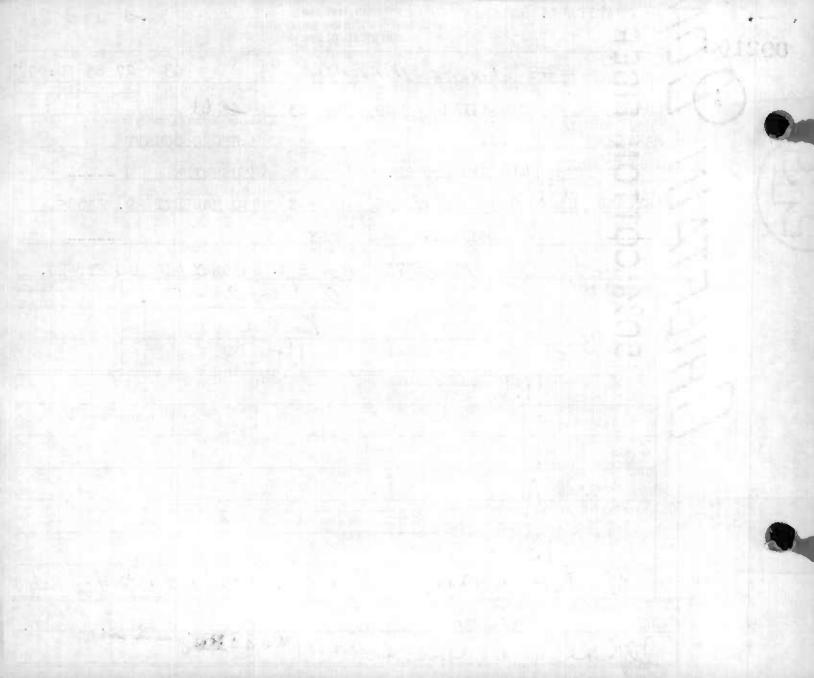


							MARYLAND		a series	20 /	. 4 1	
riV	11-	FOR STATE			DEPARTMENT				ATH	100) el 1	
208209	- ·	REGISTRAR CEASED NAME	AMEL	IA LOUI	CWD -	UMLEY	LAST	ATE OF DE	20. DATE KNOW	G. NO.	DAY YEAR	Zh HOUR
\$848E	(TYP	E OR PRINT)	AMeli		4		mley		OF ESTI-	0 3	9 1907	300 M
PRECIDENCE ON STREET	3. SEX	emale	White	5. DATE OF BIRTH		(IN YEARS IF U		UNDER 24 HRS	PRONOUNCED DEAD	3 <i>4</i>	P YEAR	3 or M
**************************************	Ba.	RTHPLACE (ST PEIGN COUNTRY) LTIMOTE		76 CITIZEN OF W	S A			R MARRIED	9. BALTIMORE C	RFOR	Y OF DEATH	MD
ASSERTED TO THE PARTY OF THE PA	10. CI	Talls	21047		SPITAL, NURSING F	SES O	HER INSTITUTIO	12a. U	SUAL OCCUPATION OR MOST OF WORKING LIFE USEWILE		OR INDUSTE	SINESS RY
AND 31	USU 4 13a. S	TATE MU	IF IN NURSING HOME COUN	PROTHER INSTITUTION, GITY	Edgewoo	OMISSION)	13d. INSIDE CITY L	LIMITS? 13e S'	TREET ADDRESS +	eveu	Rd 2104	10
B NOW	14. F/	ATHER'S NAME FIRST	Willia	am A. Woe	lm, Stast		15. MOTHER'S	s maiden nam Sadie	McCauffer	ty	LAST	=
RS AFTER DEATH RS AFTER DEATH S. GIVE PAGES WITH FORM PA T. PAGES I AND DIVISION OF A	16a. V (Y	VAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	214-9	URITY NO.	73 Geo		Lumley, H	usband	San	ne
DS, 201 W. PRESTON ST ECUTED WITHIN 24 HOL G" IN PENCIL IN TEM 11 AL EXAMINER ALONG SURAL- TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.	7	Condition gave ris cause (a) lying cau	ATH WAS CAUSEI IMMEDIA is, if ony, which e to immediate stating the <u>under</u> se last.	TE CAUSE (o)	AS A CONSEQUE	ROMA NCE OF A	scus)	DIHale	P	APPROXIMATE BETWEEN ONSET	ANO DEATH
IALR IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE IOULE I	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORME	ED?			20 AUTOPSY	? NO []
NOFVI CATE SI THE WO THE C VUID BE STAMENT	MEDICAL CERT	UNDERLYING	NG CAUSE OF	DEATH P.N	MONTH DAY	YEAR 9	OCATION	CCURRED (ENTI	ER NATURE OF INJURY IN IT	EM 18 PART I OR PAR		NO []
= >050	MEC	WHILE AT WORK	NOTWHILE		TORY, FARM, ETC.)	ME, 211. C	STREET		CITY OR TOWN	cou	VINIY	STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CREMICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STATE ABLILMORE, MARYLAND, 2		22a. I certif death resulte ACTUAL SIGNATURE _ EXAMINER'S I	Level	ge of the remains de ral causes	Accident D. Reruf	on Auto	Homicide	CIFY)	Inquiry , etermined monner EDICAL EXAMINER	and in my op. DATE SIGNET	D3-9-1	+T
Bb RA 7 P RE T	23a.B			3/13/85			or crematory	metery	LOCATION Baltimor	e Co.,	Md. si	IATE
DHMH - 17 (VR A15 ME (5))	BE	nedzins	ki Funer	al Home I	A 1407 0		125a	DATE REC'D	BY REGISTRAR 186	REGIATRARIS SI	GURTANDADA	
20M 4/82				F 65								

The Manual of the last The second of th A PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T

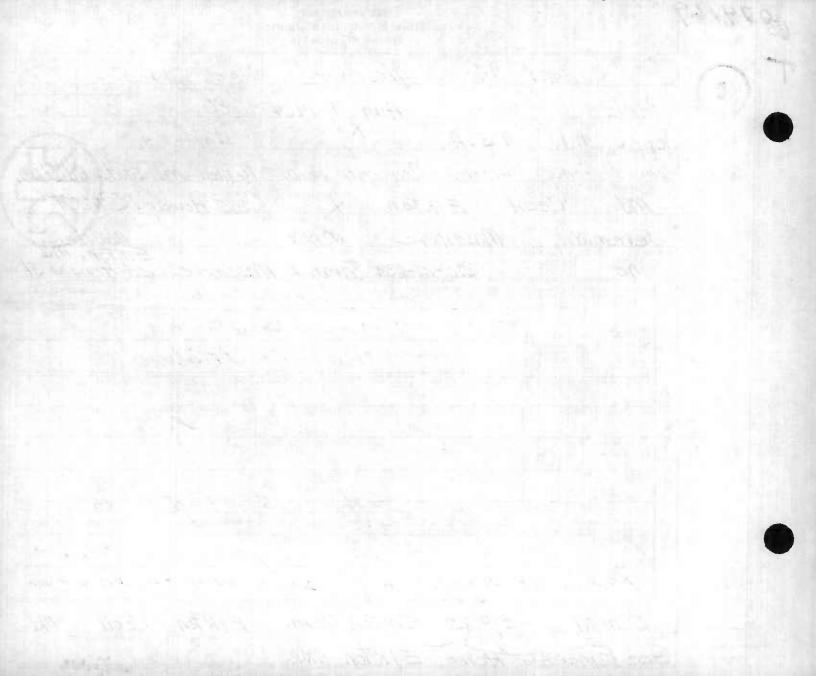
STATE OF MARYLAND

JUANITA L. MALONEY

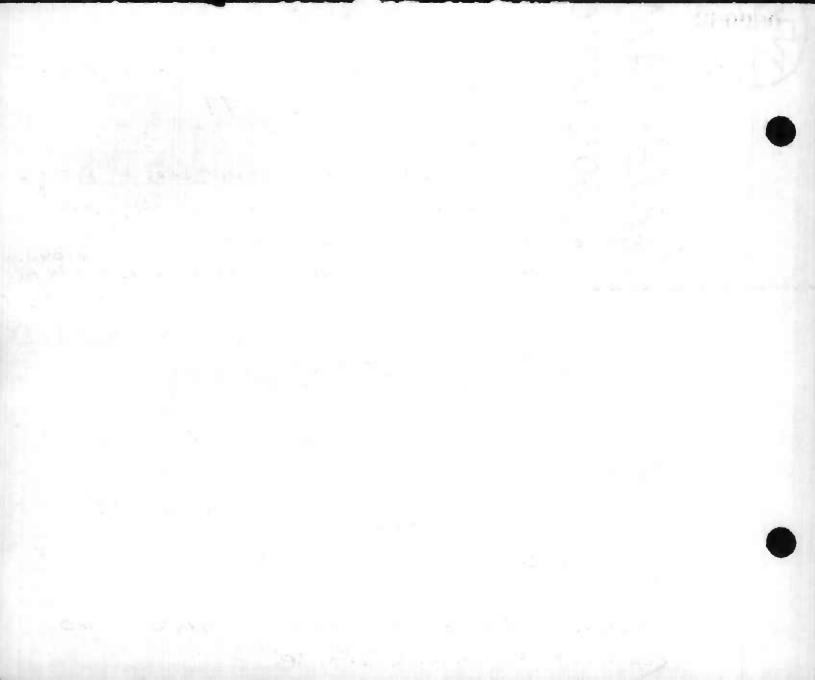


(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



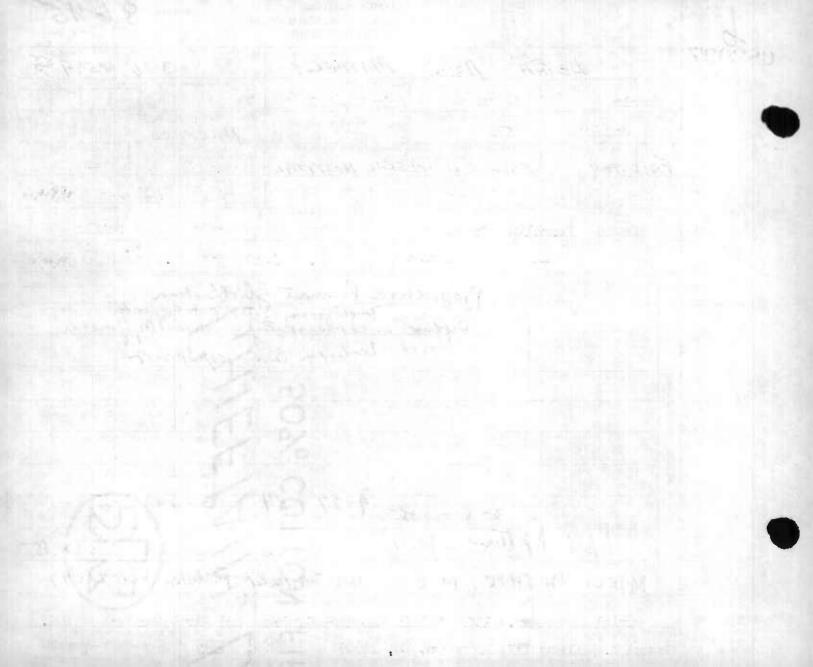
DIVISION OF VITAL RECORDS



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR L DECEASED NAME 20 DATE KNOWN 098166 TYPE OR PRINTE ESTI-10 E. DEATH MATED Frances 5. DATE OF RIRTH & AGE (IN YEARS IF LINDER 24 HRS DATE MONTH LAST BIRTHDAYL PRONOLINCED 83 YRS DEAD 3-27 19 85 3pm M 02 IRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED T MD ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 2905 Franklinville Rd. Joppa UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JE STATE 136. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2905 Franklinville Rd 21085 Joppa Harford FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Zapor Stephanie 17 INFORMANT 2905 Franklinville Rd. Joppa, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 214 22 4298 Anthony R. Lombardi (son-inlaw) 21085 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210. EXTERNAL CAUSE WAS 716 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK COHNTY 270. I certify that I took charge of the remains described above, held on Inspection X ond in my opinion Natural causes X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) SIGNED 3-27-85 EXAMINER'S NAME 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) Luis E. Reniel 730 BURIAL, CREMATION, REMOVAL 736 DATE 23d. LOCATION Bel Air Burial Bel Air Memorial Gar. 3-30-1985 Harford Md. 07/84 24 FUNERAL DIRECTOR APR 1 1085 Julia Davidson Rendale F. Lassahn, 11750BelairRd. Kingsville, Md. 2108 APK **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

. I was the state of the the secretary was to be such to be seen to the form the secretary of the s

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-339

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

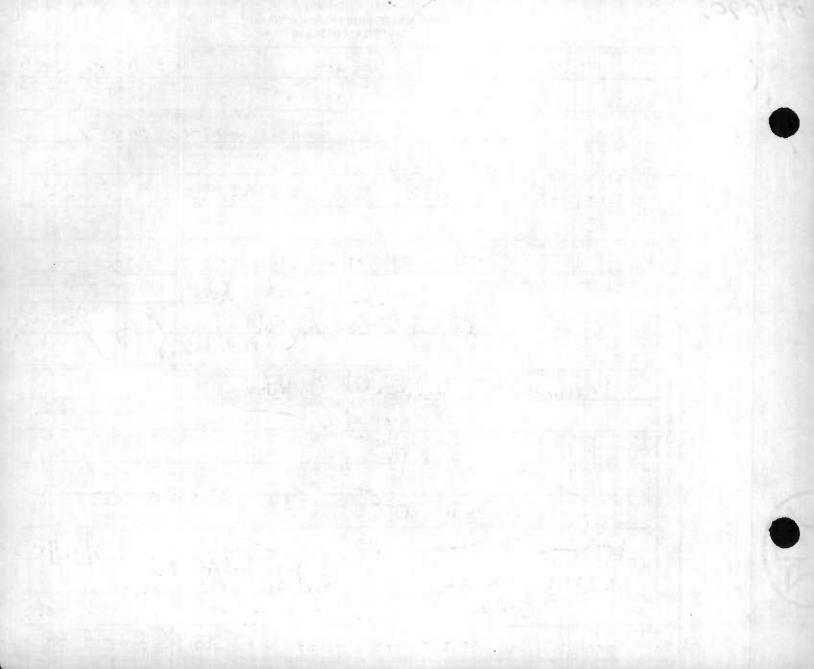
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NO [

fal commendation Market of the state of the contracted sixer, manner

074090	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 0 8	6 4 0
6	1 DECEASED NAME EIRST	MIDDIE	TAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
A SA	ALB			6 AGE (IN YEARS LAST BIRTHDAY) IF U	SS 220 7
	3. SEX	4 RACE	5. DATE OF BIRTH MONTH 10 14 07	7.7	THS DAYS HOURS MIN.
10 50 m	Male 7a. BIRTHPLACE (STATE OR EOREIGN	Black 7b CITIZEN OF WHAT COUNTRY	2 0	9 BALTIMORE CITY OR COUNTY OF	DEATH
Control of the state of the sta	COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	11	WTY MD
h branch	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
10 s of	FALLSTON	(IF NOT IN SUCH FACILITY, GIVE STREET TALLSTOD	GENERAL HOSPITA	TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
212 hour	USUAL RESIDENCE (# NURSING HOME 130. STATE 113b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS / ZIP CODE	
AND 24		ford Falls	ton YES NO X	632 Reckord Ro	ad 21047
MARYL and within	14. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE -	LAST
d con	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
TIMOR on ond on ond on ond	NO NO	710-09	-7969 Albert Rin	iggold 632A Reck	ord Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rattending physician and completely fitter this certificate been signed by the ottending physician and completely fitter this certifications permit. Then please remove carbon papers. Pages 1 and 2 Inguille that and Mental Hygiene prior to burial, cremation, ar removal. arked or Item 8 shows any injury, or other traumatic event, the medical examinations.	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A	ced Cancer (mr Bran Aug Motostain	6 rints
ORDS, requirements of the control of	News	mots, Ru	HULLION WAS PERFORMED	to	VERE FINDINGS USED
TALREC The low cion. The hos bo ssit permi giene pri	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	176. CONDITION FOR WINC	1 AL		G CAUSES OF DEATH?
SICIAN: TI 19 physici 19 physici 10 physici	OR CONTRACTOR CALLED	DEATH HOUR A.M. MONTH	DAY 10 M N JURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	T OR PART ?)
S PHYS of the bur the	THE EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE AT WORK AT WORK	(at right, Victor, Carrott	PANKETCS ZIE LOCATION	CITY OR TOWN	COUNTY STATE
ENDING of ar of arrose os ruse os Health		spital) attended the deceased from		death occurred on the date and hour or	that (I) (we) last
R ATT hospit RECT hed fo tem 2 af	above, (I) (we) (did) (did 22b. SIGNATUS	not) view the body after death.	DEGREE DEGREE	death occorred on the date ond hour of	224 DATE SIGNED
RAL D detack the D NT: If I	22d. PHY 100 AM 5 100 AM 1100	- ring	- ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	3/11/6-
TO HOSPITAL retained by the TO FUNERAL should be determined by the Mithe State with the State (MAPORTANT: It	LAZAN!	V, MANNEL	127e ADDRESS 113	is the ru	×
₽P	230 BURIAL, CREMATION, REMOV	3/16/85	NAME OF CEMETERY OR CREMATORY Levenson AME Ch	Sparks	OUNTY Md ATE
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR		25e PA	TE REC.D. BY REGISTRAN TO REGISTRAN	R'S SIGNASURE DO
(VRA 15, 4)	Wm C March F/	H Inc. 1101 E	North Avenue MA	14 1 3 1985 Jana Deve	dson-handale

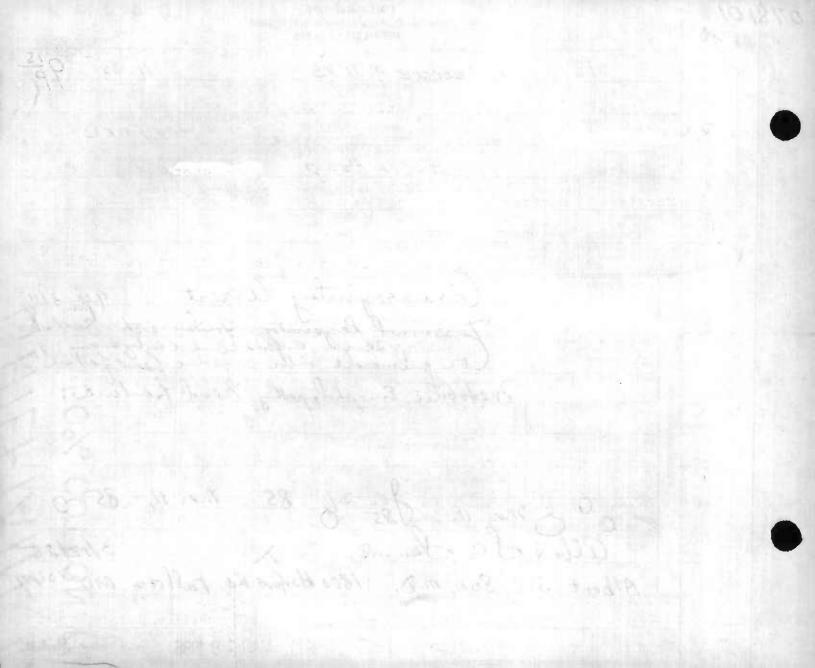


(VRA 15, 4)

STATE OF MARYLAND

American de la companie de la compa noview 16 sifes notest stored next ord. Adamson common observat, Va. Charles .D. in the other address than a series of the configuration of the

78/01	1-	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		8 6 5 0
(2 B)		CEASED NAME OR PRINT)	therine	MIDDLE / CONOT	A.	VEKS	REG. NO.	DAY YEAR 26. HOUR 15
U	3. SE		4 RACE	1 000,00	5. DATE O	P BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 4 HRS.
recto		Feamale		hite	July		69 YRS.	
1 1 25	М	RTHPLACE (STATE OR FOR OUNTRY) ARYLAND	U	S.A.	WIDOWE			FORD MO.
by the filled with	F	'allston	(IF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESS]	HOS P	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L. Photo Develope	
filled in hould be	130 S Ma	ryland	Harford	Darlingt		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 1645 Poole Roa	€ d/21034
ond 2 s) 14. 67	THER'S NAME William	James	Morri	s	Nina Nina	Pear1	Jones
n ond co	.1	VAS DECEASED EVER IN VES. NO OR UNKNOWN)	U.S. ARMED FORCES (# YES GIVE WAR OR DATES)			Joanna Seibe	rt,840 Gilbert R	d.,Aberdeen,MD
NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-strans permit. Then please remove carbon papers. Pages 1 and 2 should be filled that mental Hygene prior to buriol, cremation, or removal. Onked or Item 18 shows ony injury, or other traumatic event, the medical examiner and be an examiner and be an examiner.		IE CAUSE OF DEATH PART I DEATH WA Conditions, if any, a garee rise to mme couse (a), storing underlying couse	DUE TO:	Cardi Jerm	ore.	piratory Perpiratory even and	arrest a failure in	9-18 3/11 8-4 sha
in records, 200 on. hos been signed I permit. Then plec men prior to burnol was any injury, or.	CERTIFICATION	PART 2. OTHER SIGNII	2	CONTRIBUTION TO	DEATH BUT	carbolonest.	TON AUTOPSYT TO THE FIT	VEN PRIGHT IN
SICIAN: The g physicion of the properties of the		216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA	USE OF GEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	And had
INTENDING PHYSigned or ottending spital or ottending control of the control of Health and M. (2) is marked or 12) is marked or 12).	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK 220.1 certify that (1) (1) sow the deceased obove (1) (1) (1)	[AT HOME.	11	Jan	211. LOCATION SIREET 19 d that in (my) (our) opinion	to death occurred on the date and ho	COUNTY STATE 19 , that (1) we) last ur and from the couses stated
O HOSPITAL OR A TO FUNERAL DIRE. should be detached with the State Dept MPORTANT: if then		22b. SIGNATURE	her S. AE (TYPE OR PRINT)	- (/	en en	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/12/85 m MD21047
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		URIAL, CREMATION, RESPECTED	MOVAL 236 DATE	23¢ 1	NAME OF CI	EMETERY OR CREMATORY Y Methodist	23d LOCATION CITY OR TOWN	arford, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR TTTT Funer				25a DA	TE REC'D BY REGISTRAR 256 REGIS	

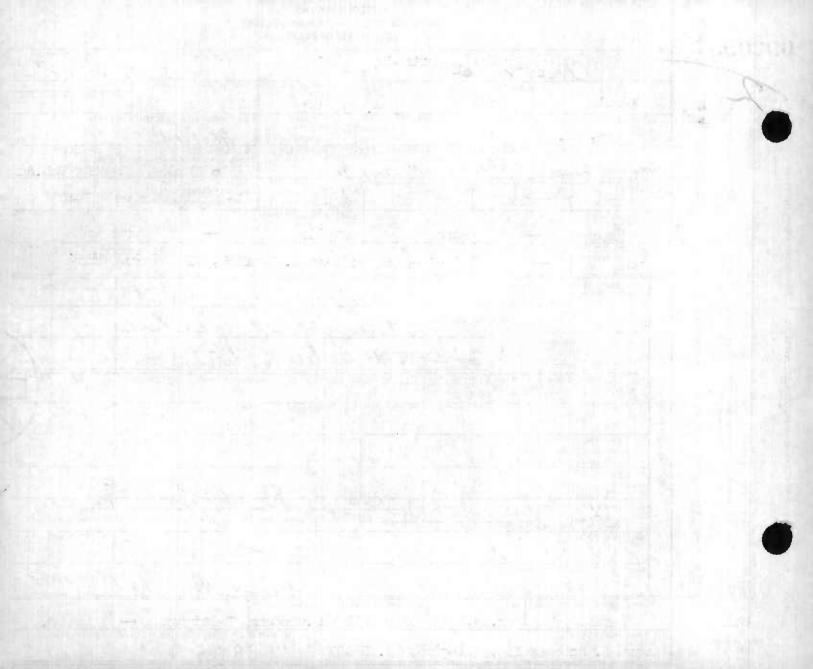


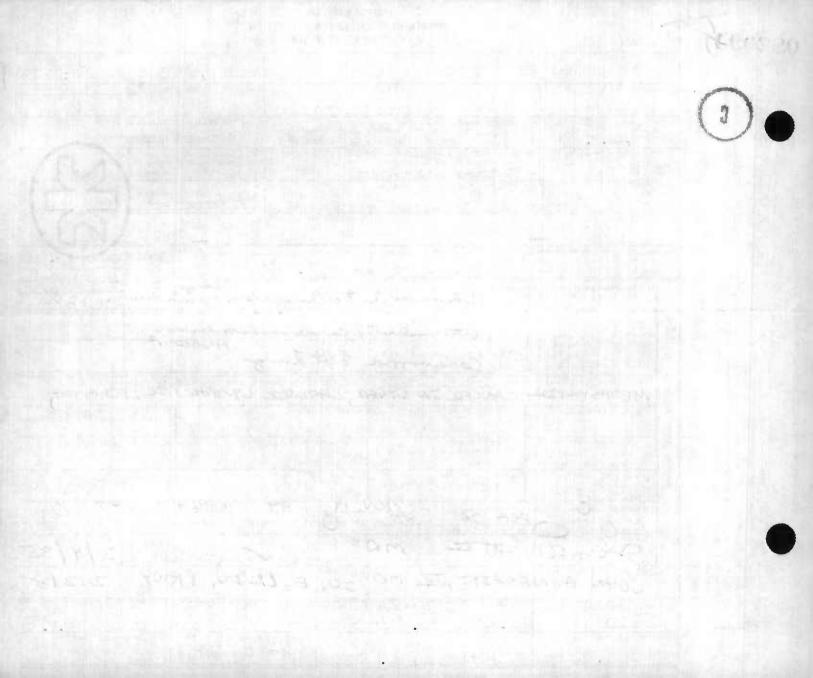
Same of March Street

Remark	091	040	,	FOR			DEPAR		E OF MARYLA EALTH AND A		IENE Sanai	0	8 6	5 %
DESCRIPTION OF THE PRICE CONTINUED TO A STATE OF BRITTH OF THE BRITTH OF	- 6		1 -					CERTIF	ICATE OF D	EATH	REG.	NO.		
SET SOLITION OF BETT SOLITION OF WIAT COUNTRY SACRET SOLITION OF WIAT COUNTRY SACRET SAC	be 3			OR PRINT)		1.	MIDDLE	085	TREID	Н	20 DATE OF DEATH	MONTH 3-7	1.4	- 26. HOUR ZF
The property of the property	moy r. po	MAN.	3 SEX		4			D 11 1		YEAR .	6. AGE (IN YEARS LAST	BIRTHDAY}	MONTHS DAYS	
Pennsylvania United States MARRIED DNORRED DNORR	redo	ai	-	TEMALE		White		1 4	03	. 1				
DETECTION OF DEATH IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN TOWNS WERE ADDRESS OF THE STRUCTURE OF MANAGEMENT O	4 50	146			OREIGN 71	CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVERA	AARRIED 🗆				
Fallston Fal	death community	Par								******				
Bas State Maryland Harford Street Street Maryland Harford Street Maryland Street Maryland Harford Street Maryland	of the state of th	1/2	F	allston		Fallst	on Gene	ral Ho		TITUTION	LITYPE OF WORK FOR MO	TOF WORKING LI	EL INDUSTRY	Υ
It is part of the part of th	filled in ould be	a Common of the	13a. S	TATE	13b. COUNT	Υ	13c CITY OR TO	NWN			3831 Pro	s/zip coop spect	Road	21154
The Was deceased ever in u.s. armed forces? The Was deceased ever in u.s. armed for in u.s. and in u.s. armed forces? The Was deceased ever in u.s. armed for in u.s. and in u.s. armed forces? The Was deceased ever in u.s. armed forces. The Wa	outhur etely 2 sh	AX		THER'S NAME	M	IDDLE	IAST			EIDET				AST
The part of the pa	by dample	20					Fins						Gum	tow
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D. ON THE CONDITION OF WHICH OPERATION WAS PERFORMED THE CONDITION FOR WHICH OPERATION WAS PERFORMED	n and co	medicol		ES NO OR UNKNOWN)									oad St	reet, N
OR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH DAY TEAM P.M. MONTH DAY TEAM P. DA	he low requires that the death certification has been signed by the attending physics to permit. Then the demonstration by the manager carbon pages to the demonstration by the manager of remonstration by the manager.	ene prior to buria. Cremation, or removo awa any injury, or Wher froumatic event,	TIFICATION	Conditions, if any, gave rise to imm cause (a), stolin underlying cause PART 2 OTHER SIGN	which mediate g the lost.	DUE TO, O OUE TO, O (c) ONDITIONS CO	R AS A CONSEG	PUENCE OF ACCOUNTS			20a AUTOPSY?	20b. IF YE	VEN IN PART S, WERE FIND FYING CAUSE	DINGS USED
DEGREE 19	SICIAN: 19 physic certificate riol-trans	Item 8 sl		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH				RED (ENTER NATURE OF I	NJURY IN ITEM 18. I	PART I OR PART 2)	all
sow the deceased alive an obove, (1) (we) (did) (did not) view the body after death. 19	offendir	n ond M	MED					E FARM, ETC)	211 LOCATIO STREET	ON	CITY O	TOWN	COUNTY	STAT
DEGREE 226 PHYSICIAN'S NAME [TYPE OR PRINT] 276 DATE SIGNED 277 DATE SIGNED 278 DATE SIGNED	NO IS	is me												
BP	HOSPITAL ined by th FUNERAL wild be dete	PORTANT: If them 21		22h SHOWERE	hu,	Vou	zhoe	sli	DEGREE MD A	ATTENDING PHYSICIAN S	MEDICAL S DIRECTOR PHY	TAFF SICIAN [3/Z	E SICKIED
BP Burial 3/22/85 Hillside Cemetery Roslyn Montgomery F	5 5 5 48	3 ₹			REMOVAL		,						COUNTY	STAT
DHMH - 16 50M 4/83	BP			Burial		3/22/	85	Hillsi	de Ceme		Rosly			
	DHMH - 16 50M	4/B3		NAME	. ,		ADDRES		No.	25a. DAT	2 6 MOS	ARDSA REGIST	RAR'S SHOW	ndella

collection and the second of t The second is the second Service Committee of the Street and the Committee of the

STATE OF MARYLAND





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

08655

)	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
		CEASED NAME OR PRINT)	FIRST	e L	NDD(E	Presi	cott	March &	27 1985	EAR 2	12 AM
	3 SE)			4. RACE		5 DATE C	DAY YEAR	6. AGE IN YEARS LAST BIRTO	MONTHS .		FUNDER 24 HRS
1.	7- DI	MALE RTHPLACE (STATE OR FO		WHITE 76 CITIZEN OF V	A/LIAT COUNT		BER 21, 1908	76	YRS	LIT.	
1		ORTH CARLONIA		USA	WHAT COOK	MARRIEI	DIVORCED	HOCGO	COUNTY OF DEA	in	ND.
1		TY OR TOWN OF DEA		11. NAME OF H	OSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESS OR
4	119	AL RESIDENCE (HENURS)	MACE	14/4/1	Ora	BEFORE ADMISSIONS	1403p.	(RET)PERSONNEL	OFFICER	FED (GOVT
			13b COUP		136 CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
1		4D	HARFO	RD	HAVRE C	de GRACE	YES NO	107 NORTHWAY		21078	
17	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
0		GEORGE		В.	PRES	COTT	DAISY	MAE	PI	ETRIL	I
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
	(,	YES	JIP YES GIV	E WAR ON DATES!	263 74	0174	MRS. MARY F. P	RESCOTT	SAME	E AS	#13e
5	CERTIFICATION	Conditions, if any, gove rise to imm couse 101, stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	lediate g the lost	DUE TO, OF	R AS ACONS		NOT RELATED TO THE TERM	MINAL DISEASE OR COND	206. IF YES, WERE I	INDING	S USED
X.	RTIF		saunia E	AN TIME O			Tal- How have a const	YES NO	YES 🗍		NO [
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE A	HOUR A./	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	ART 2)	
	MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e PLACE (FICE, FARM, ETC.)	2H. LOCATION STREET	CITY OR TOV	vn coul	VIY	STATE
		22a I certify that (I) saw the decease	d alive an	3-	20	19 85 , on	nd that in (my) (our) opinion	death occurred on the do	te and hour and tro		ot (1) (we) last
		abave, (I) (we) (d	id) (did no	FOIM	offer death.	am	ATTENDING PHYSICIAN	MEDICAL STAF	F =	DATE SIG	7/25
		LUIS 8	S/LU	PRINT)	11)	MD	P. D. Por 8	> HAIRE O	E 3PACE	MI	121078
		SURIAL, CREMATION, I	REMOVAL	236 DATE		231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	77 1	STATE
	,	CREMATIO	N	30MARCH	85	FERRI	S AND CO.	WEST CHEST		P/	

DHMH - 16 60M 7/84 (VRA 15, 4)

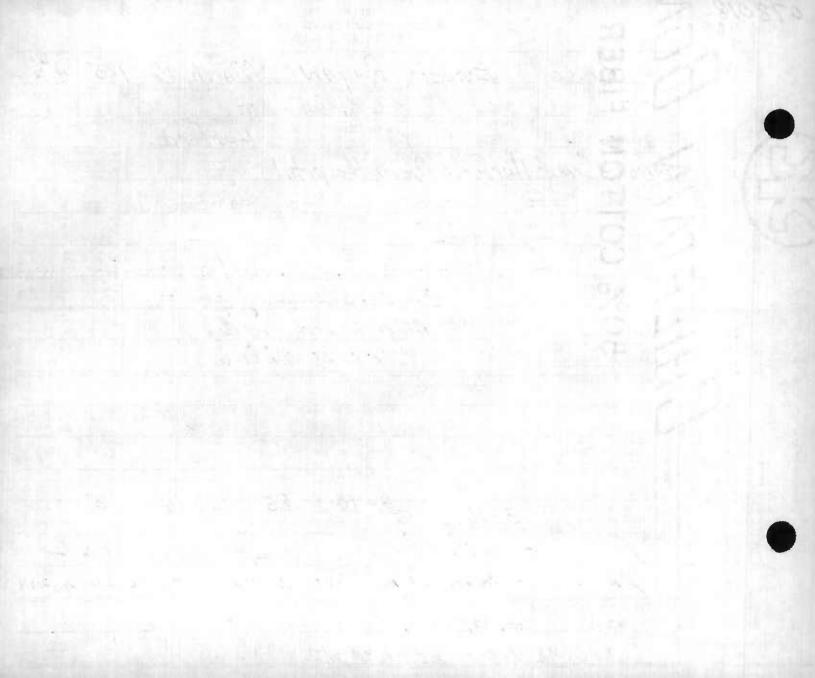
BP

should be denothed for use as the burial-transit permit. Then please ret with the State Dept. of Health and Mental Hygiene prior to burial, crem. IMPORTNIT: If them 21 is marked or them 18 spews any injury, ar ather

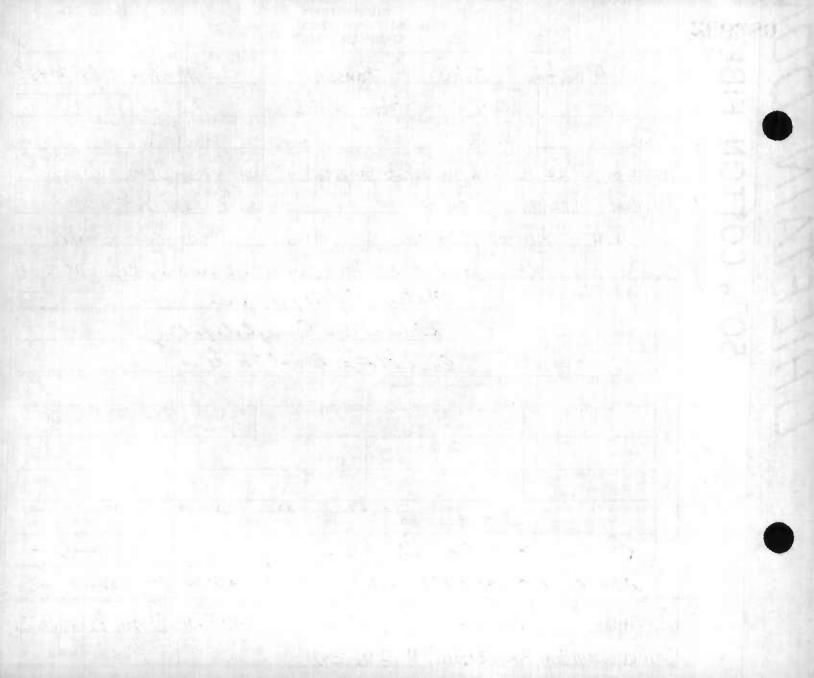
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

1985 Julia Davidson Rondall

099016		FOR STATE REGISTRAR				PARTMENT OF	FICATE OF	MENTAL HYG DEATH	RE	G. NO.	Ö	0	3 0
oge 4 mo, be shrintor, poge 3 offer death	3. SE	remale		NCHE 1. RACE VV/h1	Te MAN COLL	O/	OF BIRTH	75 2	20. DATE OF DEA 6. AGE 1 IN YEARS LA 9. BALTIMORE CI	MAR ST BIRTHDAY) 93 YRS.	31 IF UNDER	85 DAYS	26. HOUR L: 35A IF UNDER 24 HRS HOURS MIN.
one deoth. F	L	IRTHPLACE (STATE ORFICE COUNTRY) FOREST H		11. NAME OF	HOSPITAL, I	MARRI WIDOW NURSING HOME VE STREET ADDRESS)		NORCED [120. USUAL OCCL	d County	126.1		M BUSINESS OI
24 hours of filled in try if ould be little	USU 130.	BEL Air AL RESIDENCE IF MURSI STATE MANY LANGE	136 COUN	THE INSTITUTION	Nursin-	CE BEFORE ADMISSION	134 INSIDE O		134 STREET ADDR	ESS	14	EWEN	1014
Ecuted within coupletely and 2 sh	16a. '	COTNELLU WAS DECEASED EVER	5	MED FORCES?	BA	AS1 ACTOW AL SECURITY NO.	A	S MAIDEN NA	ME MID			IN Co	urt
icate be executed by the second of coopers. Pages ovel.		18 CAUSE OF DEATH PART I. DEATH W.	(Enter on	ly ane cause pe D BY:	1 1	(b), and (c).)	Mrs. El	EAMOR G.	Robinson	Bel Air	mon	APPROXIMETWEEN ON	ATE INTERVAL
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. The low requires that the death certificate be executed within 24 hours or attending physician and completely filled in the strength on the pease remove corban papers. Page 1 and 2 should be 11 than and Mental Hygiene prior to burial, cremation, or removal. The and Mental B show ony injury, or other troumatic event, the medical champer may be asked or them. B show ony injury, or other troumatic event, the medical champer may be	NO	Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	which rediote g the lost.	DUE TO, C	OR AS A GON DV P	ANGE T	M. 3	NEVMEN MED ME	D.	CONDITION G	IVEN IN F	DA HYE	ay AARS
The low re- icion. The low re- icion. The low re- icion. Ssi permit. Sgiene prior shown only it.	CERTIFICATION	190 DATE OF OPERAT				WHICH OPERATION			YES NO	IN CERT	YES 🗌	AUSES	GS USED OF DEATH? NO
UG PHYSICIAN: ottending physicians: ottending physicians therein physicians with the puriod-tron hand Mental Hysicians and Mental Hysicians with the puriod physicians with the puriod	MEDICAL C	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF DEA	HOUR A P 21e PLACE	.M. MON'	TH DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATI	ON		OR TOWN		JNTY	STATE
OR ATTENDI OR ECTOR: A Sched for use Dept. of Heal of them 21 is m		220. I certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	d olive on	30 MA	25	1985	DEGREE	ATTENDING	MEDICAL PRODUCTION	STAFF HYSICIAN [220		
TO HOSPITAL retoined by the TO FUNERAL should be determined by the Store important.		BURIAL, CREMATION,	IDI	WEZL.		23¢ NAME OF		CREMATORY	ZAIR. N	n.D. 2	101	v	STATE
BP DHMH - 16 50M 4/82 (VRA 15, 4)	1	Duried UNERAL DIRECTOR SEPT William	Toster	April 2 50 ca F Bel A	Scoodin	Thomas R	ms St,		E REC'D. BY REGIS	PAR 256 REGIS	STRAR'S S	IGNATU	RE



STATE OF MARYLAND



4/1	025	1-	FOR STATE	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0 0 0 0 7
J 49			REGISTRAR		CERTIFICATE OF BEATT	REG. NO.	
99	poge 3		CEASED NAME FIRST OR PRINT) BETTIE	WIDDIE	Rhudy	20 DATE OF DEATH MONTH	10 85 155 M
φ.	0.0	3. SE>		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4 90 4	directs of the control of the contro	F	emale	White	May 7 1891	93 YE	es l
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
eo f	in 7	V	irginia	U.S.A.	WIDOWED DIVORCED	HAKFOR1)
, ter	d vind	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
201	the the text	1	1KK210N	OTHER INSTITUTION GIVE RESIDENCE BEFORE	MEKHY LIMBALING	Housewit	2
YLAND 21	2 should be	130. S	TATE 136 COUNTY THER'S NAME	- Ford Dorling	N 13d INSIDE CITY LIMITS? YES NO M 15 MOTHER'S MAIDEN NA		ove Rd. 21034
AAR d	ond in		FIRST	MIDDLE LAST	FIRST	Unknown	LAST
E, A	S - S	160 V	AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	
TIMOR	Poge media	()	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 212-40-5	1925 Joyce A.Co	mbs Dadingt	
T., BAL	physicic inpopers emovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	oly one cause per like harmond	WAC Appe	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., BALTIMORE, MARYLAND 2120	by the attending sse remove carbo , cremation, or ri ather troumatic (Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	250 soluntoc	Heart	-
RDS, 201	Then pled to burial	NOI	PART 2 THER SHOWING ANT	CONTINUE TO BE TO BE TO BE TO BE	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART I (a
NL RE	hos been prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO \(\)
OF VITA	certificate h riol-transit ental Hygiei frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE A INJURY IN ITEM	18 PART I OR PART 2}
/ISION	the burio and Ment ed or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	211 LOCATION	CITY OR JOWN	COUNTY STATE
00	Afte se os solth mark		AT WORK AT WORK	tal) aperded the deceased from	3/15 19 87	3/10	
R ATTEI	d for us d for us t of He m 21 is		say the deceased alive on those, (I) (we) (did) (did no	it view the bady after death.		death occurred on the date and	hour and fram the causes stated
Oe	JERAL DIRECT be detached for State Dept a ANT: If Item 2		Partie	u minskit		MEDICAL STAFF DIRECTOR PHYSICIAN	3/WF)
	ro Funeral should be det with the Store MPORTANT:	Y	DANTE	MONAKIL	270. APPORESS	le Grade	pro 21078.
7 9	⊢ 's 3 <u>≥</u> '		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP_			Burial	3-13-85 I	Dorlington	Darlington,	Herford Co. Md.
	6 50M 4/B3	JG F1	hn Hartins be	comain St ADDRESS	Pelta Pa MAR		SISTRAR'S SIGNATURE

curry of the AND AND THE PROPERTY.

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

13e STREET ADDRESS / ZIP CODE 100 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY CITY OR TOWN STATE y liver) opinion death occurred on the date and our and from the couses stated 72s. DATE SIGN STAFF DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR 600 Main

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2b. HOUR

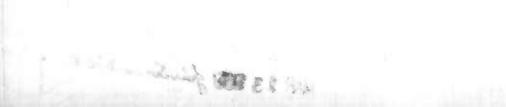
HOURS

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY



BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

MITCHELL FUNERAL HOME PA.

MPORTANT: If Hem 21 is morked or them 18 shows ony injury, or other troumotic event, the

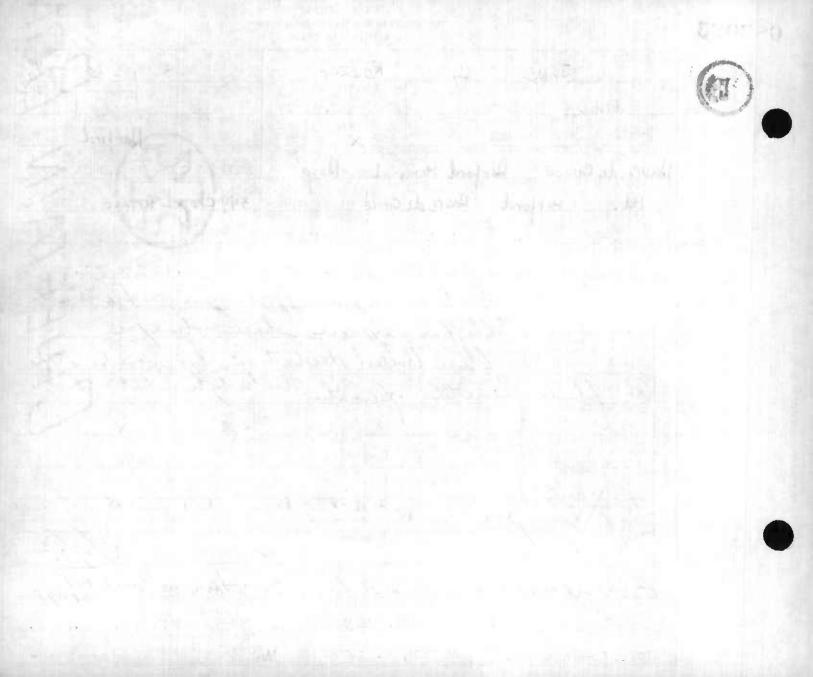
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	CATE OF DEATH	REG. I	40		
Н		CEASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
3	{ TYPE	Jah.	o. C.	Ro	uzer		3.	1 - 85	2b HOUR 40
	3. SE X		4 RACE	5. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER . HRS
7	3	Female	WHITE	APRIL	13. 1921	63	YRS		HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY			
5		MARYLAND	USA	WIDOWE	NEVER MARRIED _	. 1		Harford	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT		ROTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
6	11/	wre de Grace	(IE NOT IN SUCH FACILITY	MLMAICIAL	Hosp	(RET) PAY C			OVT (APG)
0		AL RESIDENCE (IF NURSING HOME OF		TY OR TOWN	13d. INSIDE CHY LIMITS?	13e STREET ADDRESS	/ 7IP CC	nne .	
5		Hd. Har	(111	ure de Grace		599 Chay			21078
	14 FA	THER'S NAME	MODUE	LAST	15. MOTHER'S MAIDEN N	AME		LA	ST
0		WALTER	R. CI	OAKLEY	PAULINE	KATHERI	NE	COOP	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMANT	ADD	RESS		
1		NO		0 05 5364	MRS JOAN BERG	740 ONTARIO ST	. HAVR	E de GRACE	MD 21078
		18 CAUSE OF DEATH Enter or PART I, DEATH WAS CAUSE	ly one course payline lor	191, (b), and (c)	. ,	1		BETWEEN	ONSET AND DEATH
			E CAUSE OF CH	le ceronar	y ensuff	relevey c	- Car	fre a	west
		10 mg 10 mg	DUE TO MASA	CONSEQUENCE OF	. 00	0 .		15 THE	
		Conditions, if ony, which	Xlet	for by	roxue/	hrow of	every	1	
		gove rise to immediate couse (a), stating the	DUE TO A	CONSTUJENCES	1 1-1-	+ 1			-
		underlying couse lost.	« Mus	controller	1 diale	les & My	no	sular	stole
	z	OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE	Who be the	NOITION	BIVENIN PART I	0
	9	THE DATE OF DERVATION	Alue (OR WHICH COLLATION	a River	28s. AUTOPSY?	20) 15	YES, WERE FINDI	NIOC LICED
1	CERTIFICATION	THE DATE OF COPERATION	196 CONDITION F	OR WHICH CITY TIO	N WAS PERFORMED			TIFYING CAUSE	S OF DEATH?
_	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI	PY	121, HOW IN HIRY OCCI	JRRED (ENTER NATURE OF		YES	но 🗆
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M	ONTH DAY YEAR	THE HOW WISOKI OCCO	JARED TENTER NATURE OF I		PART TORPART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJU	19	21f LOCATION				
-	ME	WHILE THE SOUNDED THE		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR	OWN	COUNTY	STATE
	- 3	The confident that the table hospi	tal) attended the decer	sed from 2-	14 - 8 10 85	10 3-1		1085	that (I) (we) lost
		sow the decement of ye on	3-1	10 85 00	d that in (my) (our) opinio	on death occurred on the	date and h		
		above til (wexteld) (did no	1) view the body offer d		DEGREE			PANOGEE	SIGNED
		10 1/ any	191		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	19/2	12-
	1	THE PHYSICIAN'S NAME (TYPE	OR PONT)		22e ADDRESS	. /		7 1	
1	10	4. JAMAKA	JA M.S.	319 S.	hain &	h, HAONE	を	more !	18
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	METERY OR CREMATORY	Y 23d LOCATION			10/6
		BURIAL BURIAL	5MARCH85	ANGEL HIL	L CEMETERY	HAVRE de G	RACE.	HARFORD CO	STATE MD.
	24 FI	INERAL DIRECTOR			25a D	ATE DEC'D BY DECISTOA			

21078

HAVRE de GRACE, MD.



STATE OF MARYLAND 098178 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST TYPE OR PRINTS

20 DATE OF DEATH MONTH 26 HOUR March 24.1985 ROBY ROWLAND 2:10 Α. A PACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JE UNDER LYEAR MONTH Male White May 27. 1898 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harford County North Carolina USA WIDOWEDE DIVORCED T O CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2916 Grier Nursery Road Forest Hill Agriculture Farmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Harford Forest Hill 2916 Grier Nursery Road Maryland YES [FATHER'S NAME 15 MOTHER'S MAIDEN NAME

Isaac Rowland Leek Mary 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 167-14-9072 Clarence E. Rowland, Forest Hill, Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (by and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lio

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

NOI WHILE 220.1 certify that (In (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated obove All (we) (did) (did not) view the bady ofter death.

22b. SIGNAFURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial Mar. 27, 1985 Baptist View

24 FUNERAL DIRECTOR

STATE

Harford Maryland

Forest Hill

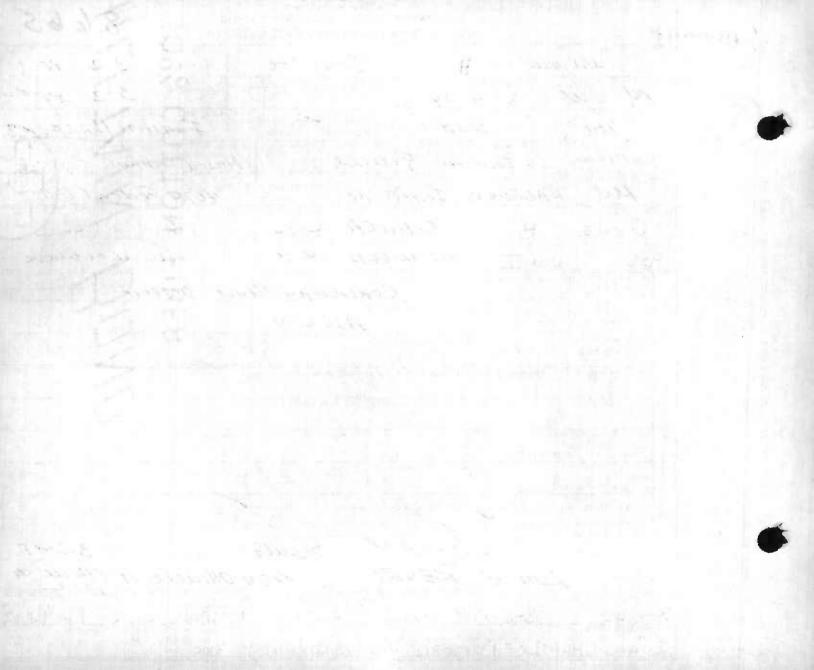
DHMH - 16 60M 7/84 (VRA 15, 4)

John H. Harkins, 600 Main Street, Delta, PA

CELEBORY OF THE STREET SLUP The first of the state of the s The state of the s

the second secon

15/200	11-	FOR STATE		AAI		STATE O				0	36	65
9830	T. DE	REGISTRAR CEASED NAME OR PRINT)	Willan		MIDDLE		Chu		2a. DATE KN	STI- 2		YEAR 2b. HOUR
- Constant	3. SEX	py	4. RACE	5. DATE OF BIRTH	24	6 O YRS.	UNDER 1 YR.	HOURS MI	PRONOUNCE DEAD		2 19	YEAR 7d. HOUR
	FO		ld	76. CITIZEN OF V	SA	WID	OWED	DITORCED	Fa	11store	HAR	FORT
PAGE TO THE TO THE THE PLED	1	Falls	OF DEATH	Feel 1	FACILITY, GIVE STREE	NG HOME, OR (OTHER INSTITU	ITION 1120	FOR MOST OF WORKING	GLIFE)	OR IN	OF BUSINESS IDUSTRY UNSR
D. 21201 IF ANY DEL P. AND 3 TO SHOULD BE RECORD	13a. S	ME	1 13b. COUNT	LFORD	13 CITY OF	TOWN	YES 🗌	NO B	STREET ADDRESS	Fede	exal h	4/1/84
ORE, MA DEATH. CES1, 2 MD 2 MD 2		THER'S NAM	ED EVER IN U.S. ARA	MIDDLE .	SC.	LUCT SECURITY NO.	6 0	ER'S MAIDEN N	WIDDI	ADDRESS	CAH	الما
R. BALTIMOR S. GIVE PAGE WITH FORM DIVISION OF	, y	S. NO, OR UNKN	OWN) (IF YES, GIVE V	VAR OR DATES)	218-1	2-667		refe.		Sauce	010	hove
W. PRESTON ST. WITHIN 24 HOL KNCIL IN ITEM IN MINER ALONG N TRANSIT PERMI NITAL HYGIENE.		Canditic gave r cause (c lying ca	ons, if any, which ise to immediate o) stating the <u>under-use last.</u>	0 8Y: E CAUSE (o)	R AS A CONSE	CO K.	ASCU	10	act 31	1.6010	BETWEEN	damate interval n Onset and Death
VITAL RECORDS, 2011 SHOULD BE EXECUTED ORD "FENDING" IN PI CHIEF MEDICAL EXA CHIEF AEDICAL EXA TOF HEATH AND MEI URIAL, CREMATION,	CERTIFICATION		FOPERATION			TO THE TERMINAL OF			a 1.		20. AUT	OPSY?
HVISION OF VITA REPLIES SHOW OFF THE CHIE E 3 SHOULD BE US TO THE CHIE E 3 SHOULD BE US TO SHOULD SHOUL	MEDICAL CERTIF	UNDERLYING CONTRIBUT	ING CAUSE OF D	EATH P.	M. MONTH D	YEAR	LOCATION	OCCURRED (enter nature of injury	IN ITEM 18 PART 1 O	YES	
E, WA	ME	WHILE AT WORK	NOT WHILE C	STREET, FA	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	7	COUNTY	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE: BATTMORE, MARYCAND	S	death resul	ify that I taak charge ted from: Nature Lucy	al couses	Accident .	held on Au], Suicide	topsy	Inspection L	Inquiry L	er , DA	TE SNED	245
TO MEDI EXECUTE PAGE 4 TO FUNI BALTIMO	730.8	EXAMINER'S (TYPE OR PR	NAME LUI	IJ E	KEN	AE OF CEMETER	ADDRESS_		allian 36 LOCATION		Gue	L 04
BP	B	URIAL UNERAL DIRE		3-5-19	85 GF	0	FAIT	H	38. LOCATION CITY OF TOWN COSSOALS D. BY REGISTRAR	BALT.		ary Lano
DHMH-17 (VR A15 ME (5)) 15M 2/80	2	VANS	CHAPEL	OF ME	MORIS		RO RO.	MAR 7	1985	1. K	Pono	£0.00



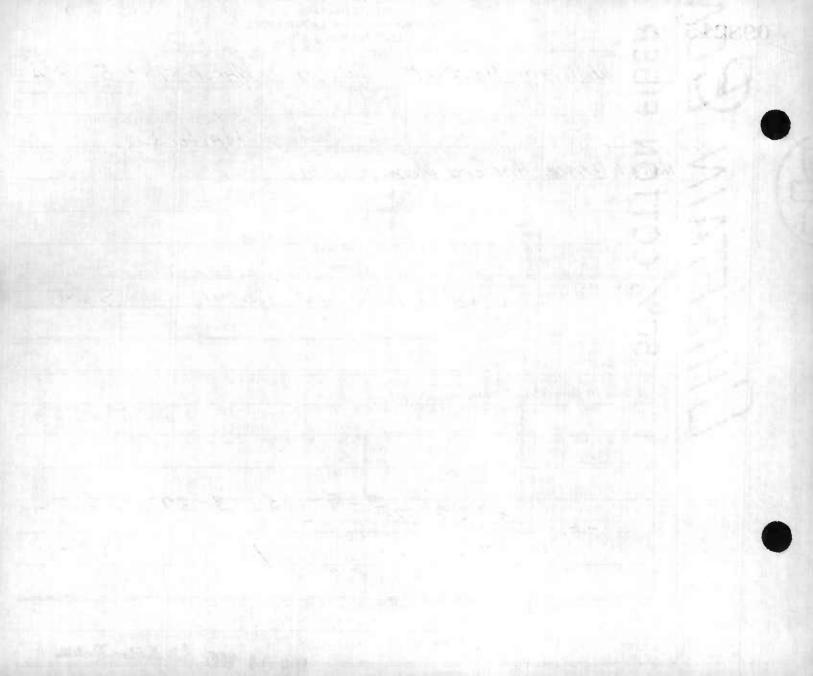
74029			STATE OF MARYLAND	0				
40	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE O O	0858			
200	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
(. X	1. DECEASED NAME F	RST MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Z (5 3)	ALFRa	J.	SHEAF	MARCH 7. 19	85 12:45			
	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS			
2000	Male	White	Sept. 7, 1894	90 YR				
2 62/34	70. BIRTHPLACE (STATE OR FORE	ON 76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUN				
\$ \$E(D)	New York	USA	WIDOWED DIVORCED	HARFORD				
6 65/ 9//	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NL	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES			
# # # #	HAVRE DE GRAC	E CITIZENS NURS		(TYPE OF WORK FOR MOST OF WORKIN	Chase/Manha			
ours of the same	USUAL RESIDENCE (IF NURSING	OME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		Orazoo/Tagina			
A Page 24		county 13c CITY OR Vhure	town 13d INSIDE CITY LIMITS?	3113 McCommon	s Rd./21028			
tely f	14 FATHER'S NAME	a rora viiaro.	15. MOTHER'S MAIDEN N.		D 1100/21020			
ond Sond	William	Isaac She		WIDDIE	Turner			
	160 WAS DECEASED EVER IN		SECURITY NO. 17 INFORMANT	ADDRESS				
Poges medicol	(YES, NO OR UNKNOWN) (YES, GIVE WAR OR DATEST			21028			
Ts. P	NO	N/A 1119-2	2-1785 D.J.Smith, 34	13 McCommons Rd	APPROXIMATE INTERV BETWEEN ONSET AND			
w requires that the seen signed by the nii. Then please rerice to burial, creminy injury, or other		the DUE TO, OR AS A CONS (c) CANT CONDITIONS CONTRIBUTING CANT SULLING	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TER A LEVEL CLIVE HICH OPERATION WAS PERFORMED		GIVEN IN PART 1(0) YES, WERE FINDINGS USED			
hos b ne prime pri	DI-FI			YES NON	RTIFYING CAUSES OF DEATH			
N. Thysicial consist ronsit Hygie	210. ACCIDENT WAS UNDERL		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM				
A do Tito o	OR CONTRIBUTING TO CALL		DAY YEAR					
HYSIC Iding his cert buriol Menti	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	21e PLACE OF INJURY	ZII LOCATION					
3 Ph pren pren the band	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STA			
DIN or of Afra		s hospital) attended the deceased fr	om 10-26 10 84	3-7	. 19 01 , that (I) R			
EN SO SE	saw the deceased	live on 3 ~1	~	death occurred on the date and I				
RECTOPPED POSPIT	22b. SIGNATURE	(did not) view the body after death.	DEGREE		220 DATE SIGNED			
0 0 0 0 0 -	1 31	Ilumber 2	ATTENDING PHYSICIAN	MEDICAL STAFF	3-7-75			
by by Storie de Ant	22d PHYSICIAN S NAMI	(TYPE OR PRINT)	22e. ADDRESS	_ DIRECTOR _ FITTSICIATE				
CO HOSPITAL etoined by to TO FUNERAL should be det with the Store								
TO HOSPITAL TO FUNERAL should be deter with the Store IMPORTANT: H	23a. BURIAL, CREMATION, REA	DOVAL TOOL DATE	72. NAME OF COMPANY OR CO.	Table LOCATION				
	Removal/Buria	Mar. 10, 1985	23c NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	Detroit, Way	ne county chi gan STA			
BP	24 FUNERAL DIRECTOR	1102 010 9 17 07						
DHMH-16 30M 2/B0 (VRA 15, 4)		Home P A Abon	deen.MD.21001-339MA	TE REC'D. BY REGISTRAR 256 REG	w. door - parpus			
	Tarring ruler	T HOME I ON OAKOEL	TECTION TOOL ()) JOHN N	0 1000				

the letter the section of the sectio Anguard . It are made the first of the course of the cours of Table and the second to AND STREET AND ADDRESS OF THE PARTY OF THE P -Harristen . e. D. D. Danes Company of P. Maris, Royans, Marie and Together a chemical managers, and the second second

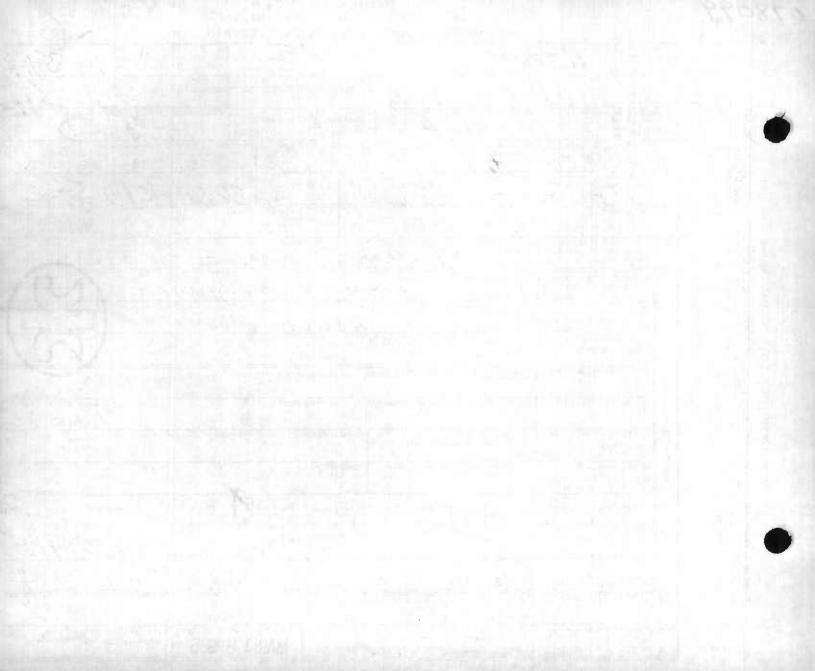
	8	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	0 0	
0871	11	1. DE	CEASED NAME FIRST		MIDDLE	· ·	AST		NTH DAY YEAR	26 HOUR
by be			OR PRINT) HELE	FN .	D.	SI	MMERS	3	-18-85	645 M
9		3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD		
ge 4	300		Female	White	Э	Augu	st 9°, 1905°	79	YRS MONTHS DATS	HOURS MIN.
ath. Pa	250	(RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR C		
de de	1		ryland TY OR TOWN OF DEATH		SA NE HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPATION	12h KIND	OF BUSINESS OR
other after	1/2	Fal	lston	(IFNOTIN	(IF NOT US SUCH FACILITY, GIVE STREET ADD FAILSTON GEN		al Hospital	Housekeener		
2 5 3	8	USU	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	OTHER INSTITUTI	ON GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	ID CODE	
	500		yland Harf		Bel Air		YES X NO X	102 S. Atwoo		4
THAIN SE	1		THER'S NAME	01.4	DOL HILL		IS MOTHER'S MAIDEN NA		Ja Mareloi	-
AR plet	1801		FIRST	MIDDLE	LAST		FIRST	WIDDLE		AST
yed on	324		Charles R. Mc		. T		Sarah	Margaret Ste	wart	
Necu nd o	dicol		VAS DECEASED EVER IN U.S. AI	MED FORCES		RITY NO.	17 INFORMANT	ADDRESS	210	1. 7
Po e	E /		No		216-22-4	502	Margaret E. N	CNutt 6 Bagl	Rd. Falls	stonMd.
All of the land of	4		18 CAUSE OF DEATH (Enter o	nly one couse (per line for (a), (b), and	l (c)				XIMATE INTERVAL
phy may	vent		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	11	REM	IA			
he death certing the attending premaye carbon premayer carbon arrest	e o		IMMEDIA							
or the orth	a of			DUE TO.	OR AS A CONSEQUE	NCE OF	TIC DISEA	107		
de de	ran		Conditions, if any, which gove rise to immediate	(b)	11/5/10	100	110000	1 3 0		
the the	e .		cause (0), stating the	DUE TO	OR AS A CONSEQUE	NCE OF	10-11-10	a day a		
by by	10		underlying cause last.	(c)	VILLOU.	5 1	ADENO CARO	INOMA, R	ECTUM	
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The law requires that the other ding physician. After this certificate has been signed by the other than the decision of the different prices of the bundle than the part of the bundle than the other prior to bundle the other of	io burio	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
red r. Th	×	CERTIFICATION		1.0.00	10.1710.1.500.1.1110.1	00504740	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a AUTOPSY? 2	06. IF YES, WERE FIND	h loc licen
low low	6 0	CA	190 DATE OF OPERATION	196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	ZUG AUTOPST?	N CERTIFYING CAUSE	S OF DEATH?
AL The ion.	show the same	TE .						YES NO	YES 🗌	NO 🗌
IAN: T physici physici physici physici physici physici physici physici	00 (1	E	210. ACCIDENT WAS UNDERLYING		OF INJURY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	TITEM 18 PART I OR PART ?)	
ON OF IYSICIA ding ph s cerufi s cerufi Mental	Hea	A	OR CONTRIBUTING CAUSE OF DE	AIR	P.M.	19				
PHYSICIAN: ending physic this certificate burial-trand	#	MEDICAL	214 INJURY OCCURRED		CE OF INJURY	- 17	211 LOCATION			
He he he he	pa	ME	WHILE NOT WHILE		STREET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
No standard	ork		AT WORK AT WORK		A	7/-	- 27	- 2/18	e,	
Z = Z = Z	\$		22a.1 certify that (1) this hosp		the deceased from_	2 - / - Z	, 19 0	, to	19 00	, that (I) (well-last
Transpired of the	5		saw the deceased alive as above, (I) (we) (did) (did)			J	nd that in (my) (out) opinion	death accurred on the date	and have and from the	e couses stated
OR A DIRECTOR	E		22h SICHATURE	17	. 1		DEGREE		12c.0/11	ESIGNED
2 0	-		Andrew!	1 Der	elevioste	. 12	ATTENDING ?	MEDICAL STAFF	3/1	915
by by store	Z-1-		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			1220 ADDRESS		-	
TO HOSPITAL retoined by the TO FUNERAL should be detailed.	APORTANT		ANDREW	Non	NAKOWS	ki n	10 /25	N. MAIN	ST. BEL	AIR, MED
5 5 5 3	₹-		SURIAL, CREMATION, REMOVA	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP			SPECIFY)	Manala	21 1007 1	n h	Comoto	CITY OR TOWN	Cecil	Marvland
		24.5	Burial	March	21,1985 A	soury	Cemetery 250 DA	Port Depos		
DHMH - 16 50M			Remitti all	wen	+ Hours				0	
(VRA 15, 4)		L	ee A. Pattersor	& Son	.Perryvill	e.Md.	21903 M	IR 2 6 1005	C. Kristan	Brede \$3

	/	1								ARYLAI			Sex.	0	2 6	6	8	
DRY	2094	1-	FOR STATE								ENTAL H			0	9	,		
00	400		REGISTRAR			WED		XAMIN	IER'S C		CATEO			REG. NO.				
	4.76		CEASED NAME	FIRST			WIDDIE			LAST		20	Or.	NOWN XX	MONTH	DAY YEAR	26 HOUR	
5	RS S.			Char			Will			Smith			DEATH A	MATED	3-2	21 19 8		
11	STR	3. SE	K 4	RACE	5. DATE	OF BIRTH	YEAR	LAST BIRTHO	ARS IF UN	DER 1 YR.	IF UNDER		DATE	FD	MONTH	DAY YEAR	2d HOUR 2:20	
11	3 6 6 6	Ma.		White	Auc	1. 26.	1942	4 64	RS.				DEAD		3-2	2] 19 8!		
	PRESTON	7a B	7a BIRTHPLACE (STATE OR 7b FOREIGN COUNTRY)			78. CITZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED . 9. BALTIMORE CITY OF							COUNTY	OF DEATH				
	25000	Maryland				USA			WIDOW		DIVORCE			ford County, MC				
	THE PAGE	10 C	ITY OR TOWN O	DEATH	11. NA/	11. NAME OF HOSPITAL, NURSING HOME, OR OTHI				ER INSTITU	TION		L OCCUPA OST OF WORKIN	TION (TYPE (10.00	OR INDUSTRY		
	DELAY IS TO THE I PAGE BE FILED		Fallsto			Fallston General Hos				oital	u Gris		chani]	Works		
5	- m = 0 00		AL RESIDENCE (#			STITUTION GIVI	13c. CITY		ION)				T ADDRESS	S		3445		
21201	AND	Ma	aryland	aryland Harford			d Joppa			YES NOX 1408 Phil					ohia 1	Road 2	1085	
MD.	mi CV N An a	14. F.	ATHER'S NAME		_ MIDDLE			AST			ER'S MAIDE		T-MD	nt.	Dave	no LAST		
			Clarenc	e I	Edwin	dwin Smith					riette	9	Enil	тĀ	Pay	ayne last		
BALTIMORE	F PAGE FORM ON ON ON		WAS DECEASED		RMED FOR	OR DATES)					TNAM		- 1.1	ADDRESS	Jopp	pa,Md, 21085		
ALT	JRS AFTER S. GIVE PA WITH FOR DIVISION		no				215-	215-40-2369			Mrs.Phyllis R.Smith, 140							
	J =		18 CAUSE OF	DEATH (Enter	only one co											APPROXIMA BETWEEN ON	ATE INTERVAL	
PRESTON ST			PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct (Due TO, OR AS A CONSEQUENCE OF															
STO	N Z N I N I I N I I N I I N I I N I I N I I N I I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I N I					DUE TO, OR	AS A CONS	EOUENCE	OF									
	D WITHIN 24 H PENCIL IN ITEM AMINER ALONG - TRANSIT PERA ENTAL HYGIEN OR REMOVAL.			if any, which		(b)												
×.	EXAMIIN PEN EXAMIIN PEN IAL-TR		lying couse	ating the <u>unde</u> last.	EL.) D	DUE TO, OR A	AS A CONS	EOUENCE	OF									
. 201	S S S S S S S S S S S S S S S S S S S					(c)											1.10	
RECORDS	HOULD BE EXECUTED W RD "PENDING" IN PEN HIEF MEDICAL EXAMINI USED AS A BURIAL - TR OF HEALTH AND MENT RIAL, CREMATION, OR	-	PART 2 OTHER SIGN	FICANT CONDITIO	NS CONTRIBUT	ING TO OLATH B	UT NOT RELATI	O TO THE TLRA	AINAL OISEAS	OR CONDITIO	N GIYEN IN PAI	RT 1 (a),	12.					
50	PENDING PENDING F MEDICA ED AS A BU HEALTH AI	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?															
ALR.	SE ALE A	CA	19a. DATE OF C	PERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPS	Y?		
OF VITAL	SHO VORD VORD CHIE BURIN	F	21a. EXTERNAL	CALLEGUAG		II This or			Tai							YESXX	NO 🗆	
			UNDERLYING			216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA								ART + OR PART:	2)			
DIVISION	ERTIFICATION OF THE VIOLE SHOULD EPARTME	MEDICAL	CONTRIBUTING		-	P.M.	E BIHIDS	19	235 10	CATION								
N N	CER 33 S PER 1	MED	21d. INJURY OC WHILE			STREET, FACTO	DRY, FARM, ETC			CATION			CITY OR TOWN	4	COUN	TY	STATE	
۵	FR: THIS CER ATE, WRITIN ORWARDED OR: PAGE 3 S RE: PAGE 3 S IE STATE DEP 1D, 21201 PR		AT WORK	AT WORK	<u></u>													
	HE S		22a i certify	that I took cho	rge of the	remoins desg	ribed obov	e, held an	Autop	X.	Inspection		Inquiry [, and	in my opin	ion		
3_	WIND THE PERSON NAMED IN T		death resulted	fragt) No	tural cavin	XX	Milghon	J. 3.	ncide	, Home	cide .	Undeter	mined mani	ner .				
	AAR WILD AR		ACTUAL /	10,1	1	7 45	4	4	2/		PECIFY)							
	* HERE		SIGNATURE_	- 4cc	LLE	1//	my	11	M	D. ASS.	istant	MEDIC	AL EXAMIN	NER	SIGNED.	3-2	1-85	
	A S S S S S S S S S S S S S S S S S S S		EXAMINER'S N	AME DO	nnia	F. Sm	v+h / 1	M D			111 1	onn (C+ 1	Balto.	ЬM	212	01	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STABLIMORE, MARYLAND, 2		(TYPE OR PRINT)					-	ADDRESS_				ba I W	, Ma.	21.2	01	
	FUCF<6	23a.B	URIAL, CREMATI		201			AME OF CE				23d. LOC	ATION		COUNTY		STATE	
07/B4 25M	BP	24.5	Buria UNERAL DIRECTO	NP.	Mar.2	4,198	Tri	inity	Luth	eran (Cemete	ty,	Joppa		ford	Md.		
	DHMH - 17		ward K.		~ ***	ADDRESS	~obso	FM	2100	9	MA	R 2°2	985	Z3B REGIS	TRAR'S SIG	NATURE	02	
	(VR A15 ME (5))	HC	ward K.	MCComa	S III	, ADII	igaon,	, I'LL.	2100				-	V			i	





078099	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 8 6	70		
	- STATE			
	REG. NO.	DAY , YEAR . 26 HOUR		
(Radio	(TYPE OR PRINT) OF ESTI- OF E	1 C/ 10 85 /19/7		
一种祖一王店	SEX SEX S. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) DEAD OFFICE SEX SEX SEX SEX SEX SEX SEX S	DAY YEAR ZHHOUR		
7 C O O C	BIRTHPLACE DIAMOR 17b. CITIZEN OF WHAT COUNTRY? TR A 19 BALTIMORE CITY OR COUNTRY	OF DEATH		
のできる	MASS WIDOWED DIVORCED D	URD. MD.		
PAGE PAGE PETIED	FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) (RET) ELEV. REPAIR	26 KIND OF BUSINESS OR INDUSTRY EVEVATOR CO.		
AND	136. STATE 136 STATE 136. STATE 137. CITY OR TOWN 138 INSIDE (ITY LIMITS? 138. STRRET ADDRES) HAMPDEN CO. 137. CITY OR TOWN 138 INSIDE (ITY LIMITS? 138. STRRET ADDRES)	JA 61001		
W H-SA	4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE	IAIT		
A See See		VARNEY		
AATER SIVE PA SIVE PA AGES I FISICIA	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IIF YES, GIVE WAR OR DATES) YES 16b. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS MRS DOROTHY S. SWARTZ SAME I	AS #13e		
ONST. B WALL D	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR AS A SONE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
EMO EMO	Conditions, if ony, which			
I W. PREST ED WITHIN PENCIL IN AMINER A AMINER A T. TRANSIT ENTAL HY T. OR REMO	gave rise to immediate (b) TJ C U C DUE TO, OR AS A CONSEQUENCE OF			
9 E2X222	lying cause last.			
ECORDS, 201 THOMPING IN WEDICAL EXA AS A BUSRIAL ALTH AND MA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
ECORDI DE DE ENDING MEDICA ASA BL ASA BL ASTA ASA	NO TO			
SHOULD ORD "F CHIEF E USED TOF HE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 1216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART	20 AUTOPSY?		
N SE CHIE		YES NO		
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE DER RITING THE WORD "FENDING ROED TO THE CHIEF AS 3 SHOULD BE USED AS A BU E DEPARTMENT OF HEATH OUT PRIOR TO BURIAL, CENANT		2)		
DIVISION OF VITAL RECORD MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE RECURE THE CERTIFICATE, WRITING THE WORD "FROM AGE A SHOULD BE USED AS A FIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AGE TO THE CHEST OF THE CAST OF	ONDERLYING ON CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET COUNTY COUNTY COUNTY COUNTY COUNTY CITY OR TOWN COUNTY COUNTY	NTY STATE		
WINER: FIFICATE SE FOR: TOR: H THE S	27a. I certify that I taak charge of the remayns described above, held an Autopsy . Inspection Inquiry . ond in my opin death resulted from bearing course . Suicide . Hamicide . Undetermined manner .	lian		
L EXA E CERT OULD 6 H, WIT MARY, WARY	ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED	2/14/85		
MEDICA ECUTE TH GE 4 SH FUNER TER DEAT	SIGNATURE	Dellac		
5×45+4	36 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	100		
G Glad C88 19	BURIAL 19MARCH85 ST. MICKELS CEMETERY SPRINGFIELD,	MASS.		
DHMH - 17	FUNERAL DIRECTOR CURRAN & JONES SPRINGFIELD, MS.	- Handage		
(VR A15 ME (5))	MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 MAR 1 8 1985			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 08603 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO To DATE OF DEATH DECEASED NAME 7b. HOUR (THRE OR PRINC) John MACK 1-5EX 6. AGE (IN YEAR) LAST BRITISHES) IF UNDER 1 YEAR MONTH DAYS 1934 50 TO BIRTHPLACE ISSUE OF TOREION * BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY! MARRIED X NEVER MARRIED Havre de Grace, Md. USA DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Fork Lift Opr. Lumber DSUAL RESIDENCE (# 6/ DIF COUNTY IJL CITY OR TOWN THE INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE NO N Box 155 Penna. York Delta # FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LASE NIDDE Benjamin Franklin Lucinda Temple Bartlebaugh ADDRESS M. WAS DECEASED EVER IN U.S. ARMED FORCES? IM. SOCIAL SECURITY NO 17. INFORMANT HES NO DECIMINOWN IF IEL GOT WAT DECATES! No 215-32-9130 Mrs.Jean Temple, Rt 3. Delta, Pa BITWIEN ONSE AND DEA III. CAUSE OF DEATH (finter only one course per live for io), (b), ogd in PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (4) DUE TO, OR AS A CONSEQUENCE OF eldio Conditions, if any, which gave rise to immediate couse into stoting the DUE TO OR AS A CONSEQUENCE underlying couse list. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED OTHE TERMINAL DISEASE OF CONDITION DISEASE. 20h IF YES, WERE FINDINGS USED THE CONDITION FOR WHICH OPERATION WAS PERFORMED 2fm: AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NOU NO IT 71h TIME OF INJURY 21s. ACCIDENT WAS UNDERLYING. THE HOW INJURY OCCURRED (ENISE NATURE OF POURT IN TEM 18 FART LORIFIER 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER WOLLEY WEDICAL FRAMINERS 714 INJURY OCCURRED 7H LOCATION 21e PLACE OF INJURY

22x I certify that (I) Ithis bespitali attended to decease and that in (my) (our) opinion death occurred on the date and hour and from the fluxes stated Two cold sold list; view the body after death 27h SIGNAPURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAMS NAME (THE ORDER) 22¢ ADDRESS AMAKAWAM. O 231 NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION REMOVAL 73h DATE Mar. 26, 1985 Burial Air Memorial Gardens, Bel Air

HOT WHILE

214 LOCATION

STATE COUNTY

CHY OF TONS

BY REGISTRARITS REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

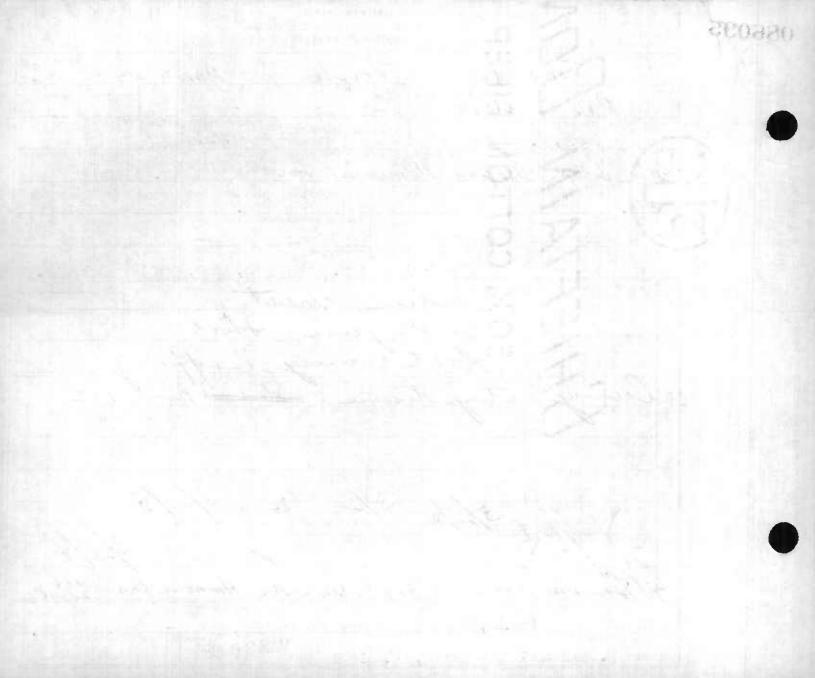
Howard K. McComas III, Abingdon, Md. 21009

AT HOME STREET FACTORY OFFICE FARM ETC.)

where extern dron- Blands DC

COUNTY

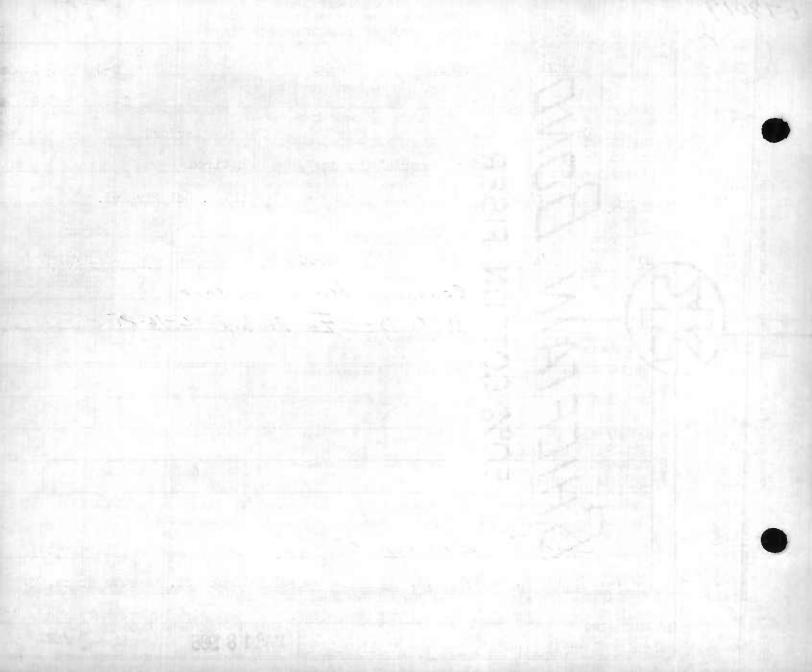
BATE SIGNED



(VRA 15, 4)

2318691 - Tree ser and a series of the ACAD TO REAL TOTAL CONTROL OF THE CO

078	3017	X.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 8 6 7 3												
1	-10	11-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
1	D)		CEASED NAME	FIRST	FIRST MIDDLE LAST 20 DATE KNOW						KNOWN	WN A MONTH DAY YEAR 26. HOUR				
Seal to		1	GOLDENS!	Dennis	Eugene			Vaught OF ESTI-						6 198	5 1:45a	
NECESSARY, PEA GUNERAL DIRECTION FOR YOUR FILE WITHIN 72 HOU MA PUESTON STREE	# SE SE	2.56		4. RACE	S. DATE OF BIRTH		6 AGE (IN YEAR	S IF UNDER		IF UNDER		RONOUN	ICED	MONTH	DAY Y	AR 2d. HOUR
	S S S S S S S S S S S S S S S S S S S		M	W	2-10-0	9	76 YRS	, morring	DATS	HOURS	MIN	DEAD		3-6	198	5 1:45a
	7a. B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF W	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY							OR COUNT	Y OF DEATH			
	SP S	2		VA	USA			WIDOWED		DIVORCE			rford			MD
	2年2日2/		vre De				TAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)							PE OF WORK	126 KIND OF OR INDU	
	POS BOOK	F				Harford Memorial Hos										
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	IJa 3	AL RESIDENCE	(IF IN NURSING HOME C 13b. COUN									2	001			
. 2120	AND TO SHAP DELA	7	MD	Hari	Harford Aberdeen YES X NO 210 E. Bel Air Ave							r Ave	. d.1	00		
W	C FOR - H	I II. F.	ATHER'S NAME		MIDDLE		LAST	15.	F 96		N NAME	M	NDDLE		LAST	
ORE	ASSES -		Lee Vaught Ella										ADDRES	St	amper	
MIT.	RE AFTER MITH FOR DIVISION	(100.	ES, NO, OR UNKNO		WAR OR DATES!		-09-199	0					A	berde	en,MD,	21001
PRESTON ST., BAL	A SPERAN	H	NO CAUSE O					що	roth	У М.	Vaug	ht,2	10 E.	Bel A:	ir Ave	MATE INTERVAL
	24 HOU TIEM 18 ONG V PERMIT SIENE, T	130	PARTIDE	ATH WAS CAUSE		17		11-		1	N / C	200			BETWEEN	INSET AND DEATH
			MMEDIATE CAUSE (0) CONSEQUENCE OF													
	FHIN FER A NUSIT FER A			ns, if any, which		AC	CIID.		~	RL	1.00	-2	-16	-85		
3	UTED WITHIN PENCIL IN PENCIL IN PENCIL IN PENCIL IN		couse (a)	e to immediate stoting the <u>under-</u>		ASACON	ISEQUENCE OF	F	/~	7-1-	uy					
201	EXA SAL ON,		lying cau	se lost.	(c)											
DIVISION OF VITAL RECORDS,	E: THIS CERTIFICATE SHOULD BE EXECUTED TE. WRITING THE WORD "PENDING" IN PRINARABED TO THE CHIEF MEDICAL EXA R: PAGE 3 SHOULD BE USED AS A BURIAL. ESTATE DEPARTMENT OF HEALTH AND ME D, 21201 PRIOR TO BURIAL CREMATION,	-	PART 2 DTHER SH	GNIFICANT CONDITIONS	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).											
8	PENDING MEDICA MEDICA AS A BU IEALTH AI CREMAI	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?													
7	SHOULD ORD "PE CHIEF A E USED A T OF HE	3	190 DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?				
N N	WORD WORD WORD BE CHIEF	- E	SI- EVTERNIA	I CALIEF WAS									YES [NO		
0	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMENT I PRIOR TO		216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										RT 2)			
Sol	CERTIFI TING T DED TO 3 SHO DEPAR I PRIOR	MEDICAL	21d. INJURY C	OCCURRED	DEATH P.A.		19 (AT HOME	71f. LOCAT	ION							
DIV	VRITING VRDEE GE 3 ZO1 P	¥ E	WHILE AT WORK	NOT WHILE	STREET FAC	TORY, FARM, E		STREET				CITY OR TO	WN	CO	UNTY	STATE
	E, W SWA SWA STA1		AT TORK	AT WORK												
	AVROTZ	1			ral causes X			Autapsy		Inspection		Inquiry		ind in my op	inion	
	EXAMI CERTIFIC ULD BE DIRECT , WITH I		, death resulte	a from Natur	ral causes [X],	Accident	L, Suic		Homicion TITLE (SP		Undeter	rmined ma	inner [].			
	MAN SERVICE SE	. 0	ACTUAL SIGNATURE_	Cuer	. C/2	lu	en	AND.	Dep		MEDIC	CALEXAM	UNIED	DATE	3-12	-85
	NEW SEA		1000						Jep			- CLEARM	INSER	SIGNE		
	TO MEDICAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, A BALIJMORE, M	4	(TYPE OR PRIN	NAME Luis	E. Renje	1, M.1	D	ADD	RESS_4	464 A			t. Ha	vreDe	Grace	, MD
	524548 _		SPECIFY)	TION, REMOVAL 2			NAME OF CEM				CHYO	ATION		COUN		STATE
07/84 25M	BP		urial		Mar. 9,198	35 Be	el Air	Mem. G			Bel	Air	,Harf	ord,M	arylan	d
# C57 V1	DHMH - 17		NAME		ADDRESS		100 0	1001		MAR	18	1005	10	SISTRAR'S S	GNATURE	1
	(VR A15 ME (5))	13	arring	runeral h	Home, PA, A	berde	en,MD,2	1001-3	3399	titl III	10	1000	1	(Call 1 can)		



Tre-1160 This die ALTO THE PARTY OF THE STATE OF The same that is a substitute of its action

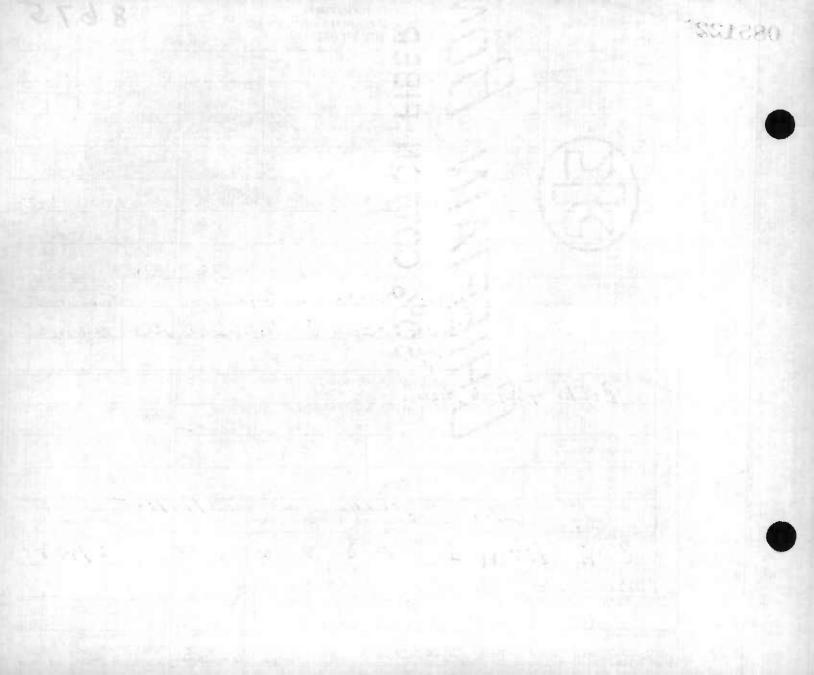
DHMH - 16 60M 7/B4 (VRA 15, 4)

CERTIFICATE OF DEATH

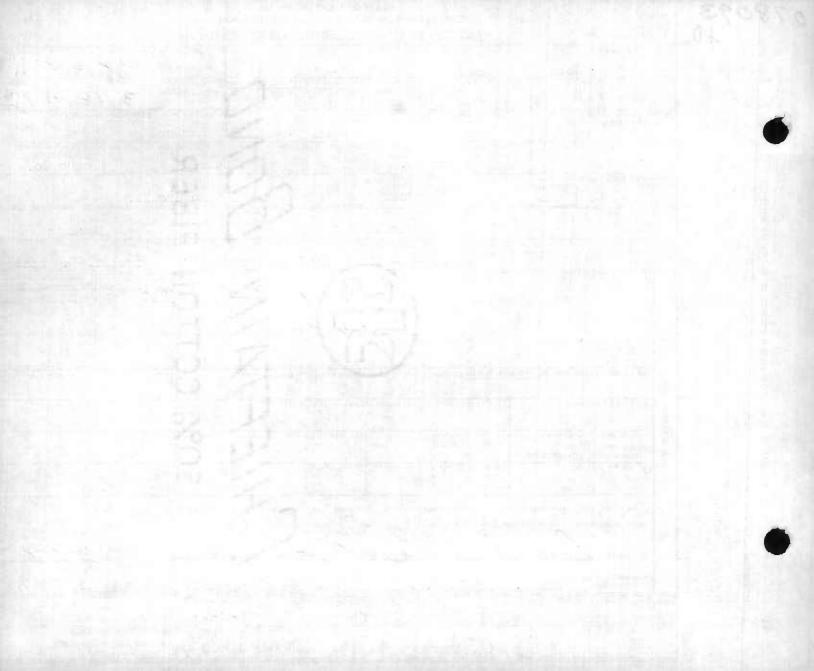
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8675

51228	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8013	
B)		EASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR 26 HOUR	
6 G 6 7 7	(TYPE	Grac	e Selma	Volmar	3	19 85	
Ter d	3. SEX		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATE HOURS MIN	
s of	-10	Female	Caucasian	1 28 06	79	YRS.	
P 2 2 1	C	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C		
and a		Maryland	U.S.A.	WIDOWED DIVORCED	Hariord	N	
by the filed with		Edgewood	606 Silver B	ell Drive	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Nurse		
filled in	13a S	Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Baltim	ore YES X NO [ton Avenue 212	
ompletely)	THER'S NAME William	MIDDLE Volmar	15. MOTHER'S MAIDEN N FIRST Jane	WIDDLE	Miller	
nd co		AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS	1608 Ellamont	
S. Po		No	216-32	-2551 Howard W.	Volmar Bal		
g physic onpape emoval. event, th			nly one couse per line for (0), (b) and ED BY: TE CAUSE (0) Moulo	mijocardial:	africe	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEAL Deliclesur	
en signed by the Then please re or to buriol, crem right, or other	TION	Couls	CONDITIONS CONTRIBUTING TO				
on /	A		181 COMPUTION CODINGUE	OPERATION WAS PERFORMED	20a AUTOPSY? 2		
Per Per Per	RTIFIC	19a DATE OF OPERATION			YES NO Z	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO	
V 41 41 VI	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c HOW INJURY OCCU		YES NO	
ronsit per Hygiene 18 shows	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	YES NO Z	YES NO	
OR. After this certificate has note as the burnol-training perigion. I Health and Amental Hygiene I is marked or Item 18 shows	¥	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hasp saw the deceased alive an obove, (I) (wee) (drid) (did on	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) iital) attempted the deceased from	AY YEAR 19 211 LOCATION STREET 19 4, ond that in (my) (and apprice	RRED (ENTER NATURE OF INJURY IN	COUNTY STATE	
The nospinol or one noting physicion. Li DRECTOR: After this certificate has stocked for use as the buriot-transit per te Dept. of Health and Amenia Hygories: If them 21 is marked or Item 18 shows.	¥	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK Saw, the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (Af HOME, STREET, FACTORY, OFFICE, 1) (ital) attempted the deceased from	211 LOCATION STREET , ond that in (my) (and apinio) DEGREE ATTENDING	RRED (ENTER NATURE OF INJURY IN	COUNTY STATE COUNTY STATE COUNTY STATE AND COUNTY STATE COUNTY STATE AND COUNTY STATE COUNTY STA	
our of the hospital of an enduring physician. UNERAL DIRECTOR. After this certificate has disedetached for use as the buriol-transit per the State Dept. of Health and Aental Hygiener RTANT: If them 21 is marked or them is showns	¥	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive ar obove, (I) (we) (and) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE:	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) intol) attempted the deceased from an analysis. The body after death.	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS	RRED (ENTER NATURE OF INJURY IN CITY OR TOWN The death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE COUNTY STATE COUNTY STATE AND COUNTY STATE COUNTY STATE AND COUNTY STATE COUNTY STA	
ERAL DIRECTOR, After this certificate has been certificate has been certificate has per State Dept. of Health and Mental Hygiene. NAT: if them 21 is marked or them 18 shows	WEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (SE ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a I certify that (I) (this hasp saw the deceased alive or obove, (I) (well (and) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE: Cliff Ratli URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, I attal) attempted the deceased from The body after death. OR PRINT!	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS	RRED (ENTER NATURE OF INJURY IN CITY OR TOWN TO 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COUNTY STATE COUNTY	
and by the hospitol or oriending physician. UNERAL DIRECTOR: After this certificate hos dise detoched for use as the buriol-trainst per the State Dept. of Health and mental Hygiener RTANT: If them 21 is marked or them is showns	WEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hasp saw the deceased alive or obove, (I) (wes) (drd) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE: Cliff Ratli	21b. TIME OF INJURY ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, 1) The body after death. OR PRINT! AT Jr. M.D. 236. DATE 236. DATE 236. TIME OF INJURY (AT MOME A.M. MONTH D P.M. 21b. TIME OF INJURY (AT MONTH D D. 21b. TIME OF INJURY (AT MONTH D D. 21c. TIME OF INJURY (AT MONTH D D. 23c. TIME OF INJURY	AY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 22 Ond that in (my) appril DEGREE ATTENDING PHYSICIAN 22e ADDRESS 5772 West	RRED (ENTER NATURE OF INJURY IN CITY OR TOWN n death occurred on the date DIRECTOR PHYSICIAN	COUNTY STATE COUNTY COUNTY STATE	



78093	1.	FOR			DEPART	STA'		ARYLAN I AND ME		GIENE	5	0 8	6	76		
10		STATE REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REG	G. NO.		100		
		CEASED NAME PE OR PRINT)	FIRST		MIDDLE			LAST			OF ESTI-	-	12/7	YEAR IN HOU		
NA STERNEY	3 SE		John	Fra 5 DATE OF BIRT		6 AGE (IN YE	Vond	rashek	IF UNDER 24		DATE	MONTH	DAY	YEAR 24 HOU		
250 E		M	N	MONTH DAY	5 96	LAST BIRTHDA	Month				NOUNCED DE AD	3	12,	, 85 9/0		
O SHIPE AND A SHIP		RTHPLACE (STATE OR REIGH COUNTRY)	76. CITIZEN OF V	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. NEVER MARRIED 1. NEVER MARRIED									ITY OF DEATH /			
ELAY IST PAGE 5 REFIELD.	Ab	erdeen	11. NAME OF HO	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 106 Rogers St. 120. USUAL OCCUPATION (TYPE: FOR MOST OF WORKING LIFE) Retired								of work 12h KIND OF BUSINESS OR INDUSTRY Trane Co.				
21201 AND 3 RETAIN HOULD RECORD	AL RESIDENCE (IF IN NURSING HOME ISTATE 13b COUNTY Harf			TY	113c CITY	residence before admission) 13c CITY OR TOWN Aberdeen			13d INSIDE CITY LIMILS? 13e STREET ADDRESS 106 Rogers St.				21001			
E MD 23	14. F.	John		MIDDLE	Widdle Vondrashe			15 MOTHER'S MAIDEN NAME FIRST Anna MIDDLE						Morebec		
MAN WAS A STAN OF THE STAN OF	16e. \	WAS DECEASED EVER	RINU.S. ARA	MED FORCES?		CIAL SECURIT		17 INFORM			ADD	ŖESS	11010	500		
MALTIN SAFE SPACE VISIO	YE		WW I		390	-05-81	02	Carol	Solbe	erg	106 R	ogers	St.(d	aughter)		
PECUTED WITHIN 2 ING" IN PENCIL ING" IN PENCIL ING" IN PENCIL INGAL TRANSIT 9 H AND MENTAL HYG MATION, OR PERMON		Conditions, if gave rise to cause (a) statin lying cause last PART 2 OTHER SIGNIFICAL	immediate g the <u>under</u>	(b)	DR AS A COM	NSEOUENCE (AS OF	CUE OR CONDITION		1100						
TTAL RECORDS HOULD BE PER HOULD BE PER HIEF MEDICAL OF HEALTH AN RIAL, CREMATI	CERTIFICATION	190. DATE OF OPERATION 196. CONDIT				TION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?			
DIVISION OF VITAL S CRTIFICATE SHOU RITING THE WORD." RED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF HOTOLOPICATION		210. EXTERNAL CALL	OR CAUSE OF E	DEATH P	M.	DAY YEAR	21c HO	OW INJURY (OCCURRED	(ENTER NATU	RE OF INJURY IN IT	EM 18 PART 1 OR		s 🗌 no 🗌		
DIVISI E. WRITING E. WRITING E. PAGE 35 F. PAGE 35 STATE DEP.	MEDICAL	214 INJURY OCCUP WHILE NOT AT WORK AT V	WHILE C	21e PLACI STREET, FA	E OF INJURY ACTORY, FARM, E	(AT HOME,		CATION		CIT	Y OR TOWN	(COUNTY	STATE		
XAMINER ERTIFICATION IN BEST FOR WITH THE ARYLAND		death resulted from	M: Natur	e of the remains d	Accident		Autop	Homici	de	Undeterm	ned manner EXAMINER	and in my DAT SIGN	e B	12-41		
TO MEDICAL E EXECUT THE PAGE 4 SHOUL AFTER BEATH, TO FUNERAL D APTER BEATH, TO PATTER BEATH, TO	22- 0	(TYPE OR PRINT) URIAL, CREMATION,	Luis	E. Renje		D.						vreDeG	race,	MD21078		
07/84 BP	Re	moval/Buri		Mar.16,1				etery		LaCro	osse, La	Crosse	e, Wisc	state		
DHMH - 17 (VR A15 ME (5))		rring Fune	eral H	ome, P.A.	,Abero	deen,MD	,210			8 198		/ WWW. COO.				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR TYPE OR PRINT 85 Samuel H. Wade Sr. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR IF UNDER 1 YEAR 3. SEX 4 RACE DAY MIN DAYS Male 28 White 1913 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY U. S. A. Harford Co. Maryl and WIDOWED DIVORCED [& CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Fallston Gen. Hos. HonkinContainer Fallston Mould maker BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2010 Hillcroft Dr. 21.050 Harford Forest Hill Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Fowler Cleveland Wade Ann ADDRESS 2010 Hillcroft Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Laura E. Wade, Forest Hill, Md. 21050 218-07-3401 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES NO [NO ntel Hygie 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) four apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did): (did nat) view the body ofter death 77% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e. ADDRESS d b 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Md. STATE Burial 3-5-1985 Pallston Highview Mem. Gar. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 E. T. Lassahn, 11750BelairRd. Kingsville, Md. 21087 (VR A 15 (4))

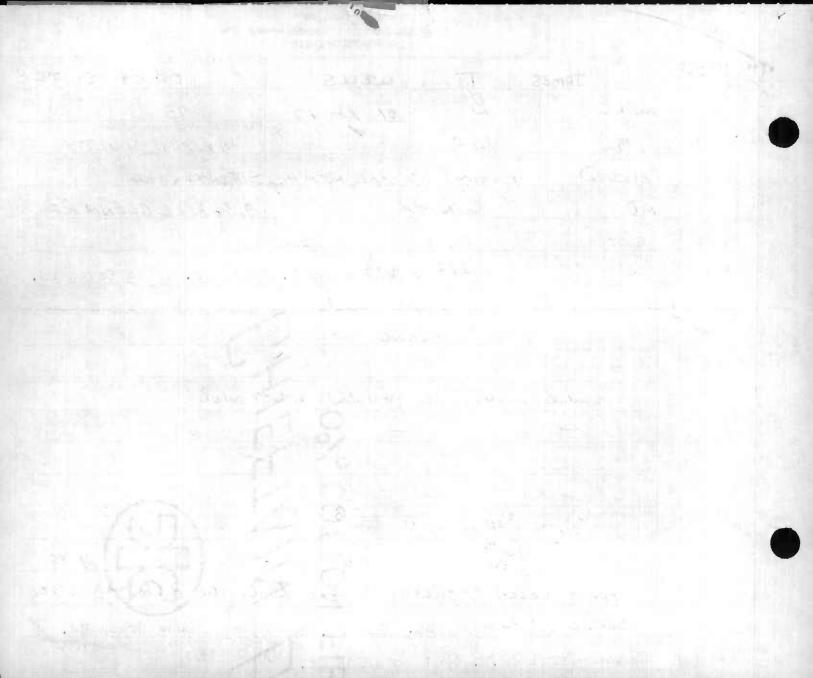
Stoot I waste divole () I have the selection of the sele NAME OF THE PARTY OF THE PARTY. CHE CONTROL OF THE CO

081067	1 -	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	S (8 6	7 8			
(1) N	(TYPE (EASED NAME DR PRINT)	FIRST VER	(Guy	W	AST WASONER AGONER	20. DATE OF D	1985) 3-	15 85	12 PM			
	3. SEX	MalE	4. F	Mh:4	FE	5 DATE O		78	RS LAST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.			
Of on 72 house	C	THPLACE (STATE ORFO DUNIRY) Sporta orth Corroling			WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH						
by the filled with	IO. CIT	Nortown of DEA	TH 11.	(IF NOT IN SUC	4115 to A	ADDRESSI) PA	HOSP.		CCUPATION OR MOST OF WORKING Plant Opera	LIFE) INDUSTRY	BUSINESS OR			
filled in ould be		L RESIDENCE (IF MURSI ATE	HENTER OTH		GIVE RESIDENCE BEFOR	E ADMISSION) /N	13d INSIDE CITY LIMITS? YES NO []	105	DDRESS / ZIP COL	DE SEND	2014			
ed within impletely and 2 sh	14. FA	TSOW	BWIDE	DIE+	WAGONE	7	15. MOTHER'S MAIDEN N.		WIDDLE	Dunce				
n and co		AS DECEASED EVER	U.S. ARMEI		215-14-4		Mrs. Gydia F.			Atwood Rom	SIDIA			
equires that the death certificate by signed by the attending physicia. Then please remove corbangapers rio buriol, cremotian, or removal. injury, or ather troumatic event, the	NOI	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which ediate of the last	DUE TO, O	Card Pras a conseou Pras a conseou	ENCE OF		nary and Multipl	e Myelon	- 44 - 44				
The low r recion. te has bee sait permit. giene prio	CERTIFICATION	90 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	-	NO IN CERT	ES, WERE FINDING IFYING CAUSES O (ES]	GS USED OF DEATH? NO [
NG PHYSICIAN: The low requir attending physician. Ifter this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be norked or Item 18 shows ony injury	CAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOT IFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DEATH AL EXAMINER) ED	21e PLACE		19	216. HOW INJURY OCCU	RRED (ENTER NATU	JRE ÕF INJURY IN ITEM 18	(PART) OR PART ?)	STATE			
OR ATTENDIO or proposed or property of the for use the form 21 is the form of the form 21 is the		22a.t certify that (1) saw the decease abave, (1) (we) (d 22b SIGNATURE	(this hospital)	Fe	b 19_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred	STAFF	27c. DATE S				
TO HOSPITAL (retained by the TO FUNERAL Is should be detoned to the total by the TO FUNERAL Is should be detoned to the total by the Total Important; if	23a BI	B.D. PAT	REKH	MD .	236		PHYSICIAN 22e ADDRESS POS Harfn EMETERY OR CREMATORY	d Rd,	ION	MO. 210	ч7.			
BP DHMH - 16 50M 4/83 (VRA 15, 4)		NERAL DIRECTOR	m FostE	March II - 50 W BEI	,	יווויש א	1113 311	Bu her	Harberd & GISTRAP 256 REGIS Julia 16	STRAR'S SIGNATU	DIRE STATE			

house house the beautiful And the second second second second

and a second of the second second second second

8	1.	FOR STATE REGISTRAR	DEPARTA	STATE F MARYLAND MENT OF MEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0	8 6	7 9
52089	1. DE	CEASED NAME FIRST	MIDDLE	WELLS		DAY DAY	YEAR 26. HO	OUR 19
No. of the control of	3. SE		4. RACE B	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTI	5 YRS.	DERIYEAR IF UND	DER 24 HRS.
135		RTHPLACE IN THE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NORCED	9. BALTIMORE CITY OF	DUNTY MD.		
87	i	FALLSTOD /	(IF NOT IN SUCH FACILITY, GIVE STREET)	DERAL HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF	26. KIND OF BUSI NDUSTRY	NESS OR	
and and	13u.3	AL RESIDENCE IN MIRES LIAM O	31. CITY OR TOW	134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NO	130.STREET ADDRESS /	1 131	ENN R.	27
50 3C	14.17	George	Wells	Corine	MIDDLE		Bell	
Poges 1	16a \	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 218	b	Wells Jr.		Caves	Rd.
npapers. maval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a)	dickt			APPROXIMATE IN BETWEEN ONSET A	4
n please remave carb burial, cremation. ar r ry, or ather troumatic			DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN I	N PART IIO	
ows ony infu	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	oferation was performed	IN CERTIFYING	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
rked or Item 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE ETHER, NOTET MEDICAL EXAMINE 216. IN JURY OCCURRED AT WORK NOTE AT WORK	HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENTER NATURE OF INJUR		OR PART 2)	STATE
hed for use of lept of Health them 21 is ma		220.1 certify that (1)(this hosp	ital) attended the deceased from	DEGREE			d from the couses	ED
should be detoo with the State D IMPORTANT: If		224 PHYSICIAN'S NAME (IVE	ELLA-CAMILLE	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC uden are I	IAN		201
O S W W	23a	BURIAL, CREMATION, REMOVAL ISPECTIVI Burial	236 DATE 23c N	NAME OF CEMETERY OR CREMATORY • Zion Ch. Cem	CITY OR TOWN		en lid.	STATE
50M 4/83	24 F	UNERAL DIRECTOR	. ADDRESS	25g. DA	AR 6 1985	25b. REGISTRAS	Spiewy Minn	April



LE VRIHOLON-

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Transcond ono same